# M1000005690

| ,                                       |
|---|
| (Requestor's Name)                      |
| e                                       |
| (Address)                               |
|   |
| (Address)                               |
| ( <b>)</b>                              |
| (6) (0) (7) (0)                         |
| (City/State/Zip/Phone #)                |
| ☐ PICK-ŲP ☐ WAIT ☐ MAIL                 |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| (Bostinoite name)                       |
| Out of Course                           |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
| ·                                       |
|   |
|   |
|   |
| Lr.,                                    |

Office Use Only



600188923436

12/23/10--01082--001 \*\*150.00

DETACH SHARE SHARE TALL AH AN ASSETT FLORIDA

TO DEC 22 PM IN IN

10 DEC 22 AM 9: 23

10 DEC 35 ALL STORY

B. KOHR
DEC 2 3 2010

**EXAMINER** 

| CORPDIRECT AGEN<br>515 EAST PARK AVI<br>TALLAHASSEE, FL<br>222-1173 | ENUE                                  | nerly CCRS)                  |                               |
|---|---------------------------------------|------------------------------|-------------------------------|
| FILING COVER'S<br>ACCT. #FCA-14                                     | SHEET*                                |                              | 10 OEC 22                     |
| CONTACT:  | RICKY SOT                             | <u>'O</u>                    |                               |
| DATE:   | 12/22/2010                            |                              | <b>5</b>                      |
| REF. #:   | 002120.1387                           | <u>56</u>                    |                               |
| CORP. NAME:   | JACKSONV                              | ILLE VA LLC                  |                               |
|   |                                       |                              |                               |
| ( ) ARTICLES OF INCO  | RPORATION                             | ( ) ARTICLES OF AMENDMENT    | ( ) ARTICLES OF DISSOLUTION   |
| ( ) ANNUAL REPORT   |                                       | ( ) TRADEMARK/SERVICE MARK   | ( ) FICTITIOUS NAME           |
| (XX) FOREIGN QUALIF   | ICATION                               | ( ) LIMITED PARTNERSHIP      | ( ) LIMITED LIABILITY         |
| ( ) REINSTATEMENT   |                                       | ( ) MERGER                   | ( ) WITHDRAWAL                |
| ( ) CERTIFICATE OF C  | CANCELLATION                          |                              |                               |
| ( ) OTHER:  |                                       |                              |                               |
|   |                                       |                              | •                             |
| STATE FEES P  | REPAID WI                             | тн снеск# <u>53783</u>       | <b>E</b> FOR \$ <u>160.00</u> |
| AUTHORIZATI   | ON FOR A                              | CCOUNT IF TO BE DEBITE       | ED:                           |
|   | · · · · · · · · · · · · · · · · · · · | COST LI                      | IMIT: \$                      |
| PLEASE RETUI  | RN:                                   |                              |                               |
| (XX) CERTIFIED CO   | PY (XX)                               | CERTIFICATE OF GOOD STANDING | ( ) PLAIN STAMPED COPY        |
| ( ) CERTIFICATE O   |                                       |                              |                               |

Examiner's Initials

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1   | Jacksonville VA LLC  |
|-----|--|
| ٠.  | (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")   |
| CO  | name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writtensent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")   |
|     | Missouri (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)  |
|     | Company is organized)  July 6, 2010  5 Perpetual   |
| 7.  | (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")   |
| 6.  | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  |
|     | •  |
| 7.  | c/o US Federal Properties Co., LLC   |
|     | One Ward Parkway, Suite 200, Kansas City, MO 64112 (Street Address of Principal Office)  |
|     | (Succe Address of Frincipal Office)  |
| 8.  | If limited liability company is a manager-managed company, check here  |
| 9.  | The name and usual business addresses of the managing members or managers are as follows:  |
|     | Jacksonville VA Managing Member, LLC   |
|     | One Ward Parkway, Suite 200  |
|     | Kansas City, MO 64112  |
| the | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a uslation of the certificate under eath of the translator must be submitted.) |
| 11  | . Nature of business or purposes to be conducted or promoted in Florida: Any and all lawful business for   |
|     | which a limited liability company may be organized under Florida law which is not otherwise prohibited by Missouri law   |
|     | Jessiea Rectand  |
|     | Signature of a member or an authorized representative of a member.   |
|     | (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)                 |

Typed or printed name of signee

Jessica Rutland, Authorized Representative

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| i. The name o       | of the Limited Liability Company is:                                   |  |  |
|---------------------|--|--|--|
| Jacksonville VA LLC |  |  |  |
| If unavailable,     | the alternate to be used in the state of Florida is:                   |  |  |
| 2. The name a       | and the Florida street address of the registered agent and office are: |  |  |
|                     | NRAI Services, Inc.  |  |  |
|                     | (Name)   |  |  |
|                     | 2731 Executive Park Drive, Suite 4                                     |  |  |
|                     | Florida Street Address (P.O. Box NOT ACCEPTABLE)                       |  |  |
|                     | Weston FL 33331  |  |  |
|                     | City/State/Zip   |  |  |
|                     |  |  |  |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Sean L. Emerick, Asst. Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

### STATE OF MISSOURI



#### Robin Carnahan Secretary of State

## CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

#### JACKSONVILLE VA LLC LC1069694

was created under the laws of this State on the 6th day of July, 2010, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 22nd day of December, 2010

Secretary of State

Certification Number: 13415584-1 Reference:

Verify this certificate online at https://www.sos.mo.gov/businessentity/soskb/verify.asp