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(Reque	estor's Name)	
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PICK-UP	WAIT	MAIL
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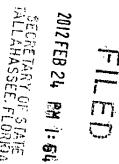
EXAMINER

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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE			
	Nan	ne of Limited Liability Company	
		ility Company for Authorization to Transact Business in Florida," Copove referenced foreign limited liability company to transact business	
Please r	eturn all correspondence concerning this ma	tter to the following:	
	David P. Politte		201
		Name of Person	2012 FEB 24 B
	Zick, Voss, Politte & Richa	ardson, P.C.	22 L
		Firm/Company	32 门
	P.O. Box 2114		an
		Address	an an
	Washington, MO 63090		
		City/State and Zip Code	
	dpp@zvplaw.com		
	E-mail address: (to	o be used for future annual report notification)	
For furt	her information concerning this matter, pleas	se call:	
	David P. Politte	at (636) 239-1616	
	Name of Person	Area Code & Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	ed is a check for the following amoun \$125.00 Filing Fee \$\int_\$	e & \$\Bigcap\$155.00 Filing Fee & \$\Bigcap\$160.00 Filing Fee, Certificate	

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. CENTFL, LLC (Name of Foreign Limited Liability Company; must included Liability Company)	ude "Limited Liability Company" "L.L.C." or "L.L.C.")
(Tame of Foreign Emitted Endomly Company, must men	are billined blacking company, b.b.c., or bbc.
(If name unavailable, enter alternate name adopted for the purpo consent of the managers or managing members adopting the alte Company," "L.L.C," "LLC.")	ose of transacting business in Florida and attach a copy of the written ernate name. The alternate name must include "Limited Liability
2. Missouri	3.
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. 02/02/2012	5 Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6(Date first transacted business in Fl	
(See sections 608.501 & 608.502 F.S	orida, if prior to registration.) . to determine penalty liability)
7. 1617 S. Service Rd., P.O. Box 429	<u> </u>
Sullivan, MO 63080	
(Street Address	of Principal Office) 기가
8. If limited liability company is a manager-managed	<u></u>
9. The name and usual business addresses of the man	aging members or managers are as follows:
Grant Medlin, 1617 S. Service Road, P.O. E	3ox 429, Sullivan, MO 63080
Rebecca Medlin, 1617 S. Service Road,	, P.O. Box 429, Sullivan, MO 63080
	<u> </u>
10. Attached is an original certificate of existence, no more than 90 of the jurisdiction under the law of which it is organized. (A photocop translation of the certificate under oath of the translator must be sub-	• • • • • • • • • • • • • • • • • • • •
11. Nature of business or purposes to be conducted or	r promoted in Florida: Real Estate
Investment and any other lawful purpose	·
Rebecca Medl	in.
	thorized representative of a member.
(In accordance with section 608.408(3), F.S., the exec	ution 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

Rebecca Medlin, Member

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.

1. The name of the Limited Liability Company is:				
CENTFL, LLC				
If unavailable, the alternate to be used in the state of	Florida is:			
		<u></u>	20	
2. The name and the Florida street address of the re	gistered agent and office are:	CKE JARY LAHASSEI	20 2 FEB 24	و <u>م</u> مين چور
Rebecca Medlin		.338 8 9	⊒हर ⊡क्र	į
(Nam	ne)	STATE FLORID		ζ
31643 Executive Boulevard		REA	<u></u>	
Florida Street Address (P.O.	Box NOT ACCEPTABLE)	_		
Leesburg	FL 34748			
City/S	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.

Rebecca Medler_
(Signature)

\$ 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

CENTFL, LLC LC1201445

was created under the laws of this State on the 2nd day of February, 2012, 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 13th day of February, 2012

an Camahan

Secretary of State

Certification Number: 14465924-1 Reference: DPP/CENTFL
Verify this certificate online at https://www.sos.mo.gov/businessentity/soskb/verify.asp

Please note-this is the original the State provided.

It indicates at the bottom the certification number and how you may bring this certificate