Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H120000675383)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Bmail Address:_

Foreign Limited Liability Company Sunflower Merchandising LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$125.00

J. SAULSBERRY EXAMINER

MAR 15 2012

Electronic Filing Menu

Corporate Filing Menu

Help

STATE OF KANSAS OFFICE OF SECRETARY OF STATE KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 4579223

Entity Name: SUNFLOWER MERCHANDISING LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: JUSTIN GARBERG

Registered Office: 1400 MARSHALL DRIVE, LENEXA, KS 66215

was filed in this office on January 17, 2012, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of March 07, 2012

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 495648 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/yalidate and enter the certificate ID number.

SECRUTARY OF STATES

2012 MAR 14 AM 8: 2

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		COVER LETTER				
TO: Registration Section Division of Corpo						
SUBJECT: Sunflower Me	rehandising LLC		······································			
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		bility Company for Authorization to Tabove referenced foreign limited liability				
Please return all correspond	ence concerning this n	satter to the following:				
	Chief	Financial Office Numer of Person	ier	<u></u> .		
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	,	Address		HASS	R =	٠
	hen	exa KS 6621	5			1
		City/State and Zip Code		STAT	2	
	Jo	c.Whelen@suhflowergroup.com		_≅≅	8: 2 2	
	E-mail address; (to be used for future annual report noti	ilication)	2 C	N	
For further information conc	erning this matter, plea	se call:	·			
Chief Fr	nancial Off	Arca Code & Daytime Telephone	0-0900			
N	ame of Person	Area Code & Daytime Telephone	Number			
MATLING ADDRI Division of Corpora		STREET ADDRESS: Division of Corporations				
Registration Section	110113	Registration-Section				
P.O. Box 6327	1.4	Clifton Building				
Tällahassee, FL 323	14	2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a check for t						
\$125.00 Filing Fee	S130,00 Filing Fe Certificate of State		60.00 Filing Fee, Certil f Status & Certified Cop			

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

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC." or "LLC.") If name unavailable, oner alternate name adopted for the purpose of transacting business in Florida and attach a copy of the wonsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "LLC." "LLC." [Austas] [Austailation under the law of which foreign limited liability (PBI number, if applicable) [Austailation under the law of which foreign limited liability (PBI number, if applicable) [Austailation under the law of which foreign limited liability (Duration: Year Ilmixed liability company will cease to exist or "perpetual") [Austailation: Year Ilmixed liability company will cease to exist or "perpetual") [Austailation: Year Ilmixed liability company will cease to exist or "perpetual") [Austailation: Year Ilmixed liability company will cease to exist or "perpetual") [Austailation: Year Ilmixed liability company will cease to exist or "perpetual") [Austailation: Year Ilmixed liability company will cease to exist or "perpetual") [Austailation: Year Ilmixed liability company will cease to exist or "perpetual") [Austailation: Year Ilmixed liability company will cease to exist or "perpetual") [Austailation: Year Ilmixed liability company will cease to exist or "perpetual") [Austailation: Year Ilmixed liability company will cease to exist or "perpetual") [Austailation: Year Ilmixed liability company will cease to exist or "perpetual") [Austailation: Year Ilmixed liability company will cease to exist or "perpetual") [Austailation: Year Ilmixed liability company will cease to exist or "perpetual") [Austailation: Year Ilmixed liability company will cease to exist or "perpetual") [Austailation: Year Ilmixed liability company will cease to exist or "perpetual") [Austailation: Year Ilmixed liability company will cease to exist or "perpetual") [Austailation: Year Ilmixed liability company will cease to exist or "perpetual") [Au	1. Sunflower Merchandising LLC		Name of the	<u>. </u>
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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 608.507, PLORIDA, 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 of the Limited Liability Company is:		
Sunflower Merchandising LLC		
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:	7A 26	
C T Corporation System (Name)	2012 MAR 14 SECRETARY ALLAHASSE	
1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)	LE ELOR	رت ب
Plantation FL: 33324 City/State/Zip	: 22 205	

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.

By:

(Signature Kristin Bolden
Assistant Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) I Full Name:

Member/Manager:

Business-Address:

City:

State:

ZIP Code:

Trevor D. Garberg

Member

---- 14001 Maishall Dr---

Lenexa

KS

66215

2012 MAR IL AM 8: 2.
TALLAHASSEP EFIATE

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BROADSTONE CYPRESS HAMMOCKS
ALLIANCE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO
FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY
OF MARCH, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

2012 MAR IL AM 8: 22
SEURETARY OF STATE

5120705 8300

120305557

You may verify this certificate online at corp. delaware.gov/authver.shiml

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 9429468

DATE: 03-14-12