# 11/2000000005

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sasinoso Endig Maino)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special Instructions to Filing Officer:  A. LUNT
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A. LUNT
OCT 25 2012
EXAMINER
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Office Use Only

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 16, 2012

DEBBIE ROBINSON 4501 COLLEGE BLVD. #260 OVERLAND PARK, KS 66211

SUBJECT: BLOCK MULTIFAMILY GROUP, LLC

Ref. Number: W12000042956



We have received your document for BLOCK MULTIFAMILY GROUP, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 312A00021193

#### **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: Block Mut, San, 4 Grmp, LLC. Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Debbie Robinson
Name of Person
Block Multifamily Group, LLC.
Firm/Company
4501 College Blud #260
Address
Overland Park, Ks 66211
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dehbje Robinson at 913 387-1113  Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS:
Division of Corporations  Registration Section  Division of Corporations  Registration Section
Registration Section Registration Section P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\frac{1}{2}\$\$130.00 Filing Fee \$\frac{1}{2}\$\$ Certificate of Status \$\frac{1}{2}\$\$ Certified Copy

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. MISSOUV 3. 45-400080  (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)
4. Opate of Organization)  5. (Duration: Year limited liability company will cease to
exist or "perpetual")  6. August 13th 2012  (Date first transacted business in Florida, if prior to registration.)  (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 4501 College Blud. Ste 260
Leawood, R.S. Cl C. L.   (Street Address of Principal 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:  Kenneth G Plack 700 W. 47th Street
Suite 200 Kansas City, MO. 64112
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
property management
Signature of a market property of a market
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.)
BILL LARSON I Vesident
Typed or printed name of signee

## 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:  Block Multifamily Group		
If unavailable, the alternate to be used in the state of Florida is:	12821	":[\{
2. The name and the Florida street address of the registered agent and office are:	25.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.	
Paul Fletcher	- COMPANY	₹.,.
43 Valencia Cirde Florida Street Address (P.O. Box NOT ACCEPTABLE)	 -	
Safety Harbor FL 34695 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.

Par glass (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

#### BLOCK MULTIFAMILY GROUP, LLC LC1204469

was created under the laws of this State on the 14th 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 7th day of August, 2012

n Amahan

Secretary of State

Certification Number: 14854260-1 Reference:

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