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SECRETARY OF STATE
TALLAWASSEE, FLORIDA

CR2E027 (9/10)

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: DJR Investment Properties, 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:

Eric N. Anderson
Name of Person
Clark, Mize & Linville, Chartered
Firm/Company
129 S. 8th
Address
Salina, KS 67401
City/State and Zip Code
enanderson@cml-law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric N. Anderson

,785 \823-632

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

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

■ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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 RECISIER A FOREIGN LIMITED LIMITED LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	DJR Investment Properties, LLC (Name of Foreign Limited Liability Company; must include				
	(Name of Foreign Chimica Liability Company, must mena-	ıe	Limited Liabury Company, ALLO, of TLC.		
cor	name unavailable, enter alternate name adopted for the purpose usent of the managers or managing members adopting the altern mpany," "L.L.C," "LLC.")	e c	of transacting business in Florida and attach a copy of the wee name. The alternate name must include "Limited Liability".	rritten y	
2	Kansas _{3.}		46-2344624 (FEI number, if applicable)		
	Jurisdiction under the law of which foreign limited liability company is organized)	•	(FEI number, if applicable)		
	• • •		Perpetual		
7,	(Date of Organization)	•	(Duration: Year limited liability company will cease to exist or "perpetual")		
6.	04/01/2013		ا الراء السم	چ	
0.	(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	rid to	a, if prior to registration.) determine penalty liability)	를 -	
7.	605 Shorewood, E-206			R TI	
,,	Cape Canaveral, Fl. 32920		SO:	2 [
		of	Principal Office)		
8.	If limited liability company is a manager-managed o	co	impany, check here	<u>မှ</u> 59	
9,	The name and usual business addresses of the managing members or managers are as follows:				
	Douglas W. Rempp				
	829 E. Crawford				
	Salina, KS 67401				
tho trat	Attached is an original certificate of existence, no more than 90 of jurisdiction under the law of which it is organized. (A photocopy is lation of the certificate under eath of the translator must be subm	y i mi	is not acceptable. If the certificate is in a foreign language, a ttod.)	cords in	
11	. Nature of business or purposes to be conducted or	p	romoted in Florida: residential real		
	estate rental			,	
		{	N. Augus		
	The state of the s	the	orized representative of a member.		
	penalties of perjury that the facts stated herein are true	e	on of this document constitutes an affirmation under the I am aware that any false information submitted in a third degree felony as provided for in s.817.155, F.S.)		
	Douglas W. Rempp				

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.

	re of the Limited Liability Company is: Investment Properties, LLC	
If unavailab	ele, the alternate to be used in the state of Florida is:	
2. The name	e and the Florida street address of the registered agent and office are:	——— ~ <u>~</u>
	Douglas W. Rempp	10000000000000000000000000000000000000
	(Name)	
	605 Shorewood, E-206	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	ين الله
	Cape Canaveral _{FL} 32920	RIDA
	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.

(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 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: 4701033

Entity Name: DJR INVESTMENT PROPERTIES, LLC

Entity Type: KANSAS LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: DJR INVESTMENT PROPERTIES, LLC

Registered Office: 829 E. CRAWFORD, SALINA, KS 67401

was filed in this office on March 18, 2013, 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 29, 2013

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 571492 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.