# M13000004550

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | ldress)            |             |
| (Ac                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL MAIL   |
| (Bu                     | isiness Entity Nar | ne)         |
| `                       | •                  | •           |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 Shivers JUL 2 2 2013

` CR2E027 (9/10)

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

| 1517151                      | on or corporations  |  |  |                                |                 |           |                            |
|------------------------------|---|--|--|--------------------------------|-----------------|-----------|----------------------------|
| SUBJECT:                     | Double B Real I   | Estate,                                      | LLC  |                                |                 |           |                            |
| bebotter                     |   | Name of Lim                                  | ted Liability Company  |                                | _               |           |                            |
|                              | Application by Foreign Limited 1 check are submitted to register th |  |  |                                |                 |           |                            |
| Please return al             | I correspondence concerning this                                    | matter to the                                | following:   |                                |                 |           |                            |
|                              | Cathy Latona  |  |  |                                |                 |           |                            |
|                              |   | Na   | me of Person   |                                |                 |           |                            |
|                              | Husch Blackw  | ell LLF                                      | )  |                                |                 |           |                            |
|                              |   | Fir  | m/Company  |                                | <del></del>     |           |                            |
|                              | 901 St. Louis   | Street.                                      | Suite 1800   |                                |                 |           |                            |
|                              |   |  | Address  |                                |                 |           |                            |
|                              | Springfield, M  | O 658  | 06   |                                |                 |           |                            |
|                              |   | City/Sta                                     | ate and Zip Code   |                                |                 |           |                            |
|                              |   |  |  |                                | <u>ú</u>        |           |                            |
|                              | E-mail addres   | ss: (to be used                              | for future annual report no  | tification)                    | 38              | င်္သ      |                            |
| For further info             | rmation concerning this matter, p                                   | olease call:                                 |  |                                | LAE<br>AE       | ]         | inio irrin                 |
| Ca                           | thy Latona  |  | 417 26   | 8-4121                         | IAKY<br>ASSE    | 9         | 13 years                   |
|                              | Name of Person  | Area   | Code & Daytime Telephor  | ne Number                      | 77.3            |           |                            |
| Division<br>Regist<br>P.O. B | on of Corporations<br>ration Section<br>Box 6327<br>assee, FL 32314 | Division<br>Registra<br>Clifton I<br>2661 Ex | T ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301 |                                | STATE<br>LORIDA | MH II: 26 | Ecolor ere<br>C<br>Anguesa |
|                              | a check for the following an<br>25,00 Filing Fee                    |  | □ \$155.00 Filing Fee & Certified Copy   | □ \$160.00 Fili<br>of Status & |                 |           | e                          |

#### 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. Double B Real Estat   | le IIC  |   |
|--|---|---|
| (Name of Foreign Limited   | Liability Company; must include "Limited Liabil   | ity Company," "L.L.C.," or "LLC.")  |
| (If name unavailable, enter alternations of the managers or manage | ate name adopted for the purpose of transacting bu<br>ging members adopting the alternate name. The alt   | usiness in Florida and attach a copy of the written<br>ternate name must include "Limited Liability |
| <sub>2.</sub> Missouri   | 3.  |   |
| (Jurisdiction under the law of v<br>company is organized)  | hich foreign limited liability (F   | El number, if applicable)   |
| 4. 4/07/2013 (Date of Organi   | zation) 5. Perpetua (Duration: Ye exist or "perpe   | ar limited liability company will cease to  |
| 6  |   |   |
| (Date<br>(See se   | e first transacted business in Florida, if prior to regections 608.501 & 608.502 F.S. to determine pena   | gistration.)<br>alty liability)   |
| 7. 616 N. Maplewoo   | d Hills Road  | <del>(</del> }  |
| Nixa, MO 65714   |   | LE 3 JU   |
| · · · · · · · · · · · · · · · · · · ·  | (Street Address of Principal Office   |   |
| 8. If limited liability compa  | ny is a manager-managed company, check  | k here  |
| 9. The name and usual busi   | ness addresses of the managing members  | or managers are as follows 2  |
| Bradley P. King  | 616 N. Maplewood Hills R  | oad Nixa, MO 657  |
| Brent Brown  | 4872 S. Landon Court  | Springfield, MO 65810   |
|  |   | enticated by the official having custody of records in  |
| translation of the certificate under o   | hich it is organized. (A photocopy is not acceptable<br>outh of the translator must be submitted.)  |   |
| 11. Nature of business or pr   | urposes to be conducted or promoted in F  | lorida: To transact any lawful business   |
| for which a limited liability  | company may be organized under the Flo  | orida Limited Liability Company Act.  |
|  | But 13  |   |
|  | ture of a member or an authorized representation  |   |
| penalties of perjur  | section 608.408(3), F.S., the execution of this docume<br>y that the facts stated herein are true. I am aware that<br>Department of State constitutes a third degree feld | any false information submitted in a  |
|  | Typed or printed name of signed   | 3   |

### 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.

| Double       | B Real Estate,                  | LLC   |                                   |
|--------------|---------------------------------|---|-----------------------------------|
| If unavailab | le, the alternate to be used in | the state of Florida is:                    |                                   |
| 2. The name  | e and the Florida street addr   | ess of the registered agent and office are: |                                   |
|              | Michael Hoop                    | per   | (                                 |
|              |                                 | (Name)                                      | 13 SEC                            |
|              | 3719 W. Ohio                    | Avenue                                      | I3 JUL 19 SECKETAR ALLAHASS       |
|              | Florida Street                  | Address (P.O. Box NOT ACCEPTABLE)           | mi∹ "                             |
|              | Tampa                           | <sub>FL</sub> 33611                         | AH II: 21<br>Of State<br>E. Flori |
|              | -                               | City/State/Zip                              | 26<br>ATE<br>DRIDA                |

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.

\$ 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



#### Jason Kander Secretary of State

### CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

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

#### DOUBLE B REAL ESTATE, LLC LC1304771

was created under the laws of this State on the 7th day of April, 2013, 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 18th day of July, 2013

Secretary of State

Certification Number: 15523470-1 Reference:

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