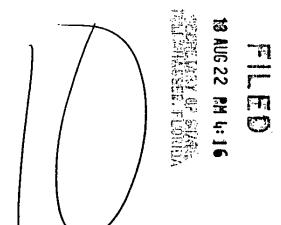
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COVER LETTER

	istration Section ision of Corporations		
	Value Place Panama City	FL East - Callaway LLC	
SUBJECT:	1	Name of Limited Liability Company	
		ability Company for Authorization to Transact labove referenced foreign limited liability comp	
Please return	all correspondence concerning this	matter to the following:	
	Kathleen R. Leal		5 3
		Name of Person	<u> </u>
	Foulston Siefkin	LLP	AUG 2
		Firm/Company	
	1551 N Waterfron	t Parkway, Suite 100	
		Address	
	Wichita, KS 672	06	₩.
		City/State and Zip Code	
	jwallace@valuep		
	E-mail address	: (to be used for future annual report notification	n)
For further in	formation concerning this matter, pl	ease call:	
Ka	athleen R Leal	316 291-978	37
	Name of Person	Area Code & Daytime Telephone Numb	ner
Divi Regi P.O.	ILING ADDRESS: sion of Corporations istration Section Box 6327 ahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	s a check for the following ame 125.00 Filing Fee \$130.00 Fil Certificate	ing Fee & ■ \$155.00 Filing Fee & □ \$1	160.00 Filing Fee, Certificate f 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 REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, Valu	e Place Panama City FL East - Cal	llav			
(Na	ime of Poreign Limited Liability Company; must inc	ciuae	Elimited Erability Company, L.E.C., of Elec.		
consent of	navailable, enter alternate name adopted for the purp the managers or managing members adopting the al ""L.L.C," "LLC.")	pose tern:	of transacting business in Florida and attach a copy of the wate name. The alternate name must include "Limited Liability	ritten y	
_{2.} Kar	nsas	3.	N/A		
(Jurisdic	ction under the law of which foreign limited liability y is organized)	ī	(FEI number, if applicable)		
_{4.} July	29, 2013	5.	Perpetual		
.,	(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")		
6.			Self.		
	(Date first transacted business in I (See sections 608.501 & 608.502 F.	Flori .S. t	da, if prior to registration.) o determine penalty liability)	ස් _	
_{7.} 862	1 E 21st Street North, Suite 25	0,	Wichita, KS 67206	A S	ر غ
\ <u>\</u>			17 mg	≈ 1	i a sa
	(Street Addre	ss of	Principal Office)		Ŧ,
8. If lim	ited liability company is a manager-manage	d c	ompany, check here		1
9. The m	ame and usual business addresses of the ma	ınag	ring members or managers are as follows:		
Val	ue Place LLC				
862	1 E 21st Street North, Suite 25	0			
Wic	chita, KS 67206				
the jurisdict		юру	ays old, duly authenticated by the official having custody of rec is not acceptable. If the certificate is in a foreign language, a itted.)	ords in	
11. Natu	re of business or purposes to be conducted	or p	promoted in Florida: To engage in any act or		
activity	for which limited liability companies may be organized thereafter amended or modified.	ed u	nder the Florida Limited Liability Company Act as now in		
Ellecto	MIA				
	Signature of a member or an a	uth	orized representative of a member.		
	(In accordance with section 608.408(3), F.S., the ex-	ecuti	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.)		

Kyle Rogg, COO of VP Property Holdings LLC, Member
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 Li	mited Liability Compar	ny is:			
Value Place Pa	nama City FL Ea	st - Callaway LLC			_
If unavailable, the alte	rnate to be used in the	state of Florida is:			
				ಪ	
2. The name and the H	lorida street address of	f the registered agent and office are:	TACTOR OF THE PARTY OF THE PART	AUG 22	
	СТС	Corporation System		=	हु~हैं ; ह्यसम्ब
 		(Name)			· Carrie
	1200 So	outh Pine Island Road		a	
******	Florida Street Addre	ss (P.O. Box NOT ACCEPTABLE)			
	Plantation	FL 33324			
		City/State/Zip			
liability company at the agent and agree to act a relating to the proper a obligations of my positi CT Corporations By: (S	place designated in this in this capacity. I furthen this capacity. I furthen the complete performancion as registered agent a con System	accept service of process for the above is certificate, I hereby accept the appoint agree to comply with the provisions of the openition of the provisions of the openition of the provided for in Chapter 608, Florida	tment as i f all statu and accep	registe tes	ered
Katherine Lackey,	Asst. Secy.				
	\$ 25.00 \$ 30.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) 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: 6970503

Entity Name: VALUE PLACE PANAMA CITY FL EAST - CALLAWAY LLC

Entity Type: KANSAS LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: HARVEY R. SORENSEN

Registered Office: 1551 N Waterfront Parkway Suite 100, WICHITA, KS 67206

was filed in this office on July 29, 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 August 20, 2013

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 584128 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.