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COVER LETTER

TO:	Registration Section
	Division of Corporation

SUBJECT: Value Place Ocala FL Northeast 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:

Name of Person	
Foulston Siefkin LLP	# 12 m
Firm/Company	
1551 N Waterfront Parkway, Suite 100	51875
Address	
Wichita, KS 67206	
City/State and Zip Code	 -

jwallace@valueplace.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen R Leal 316 291-9787

Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton Building

Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee Certificate

□ \$130.00 Filing Fee Certificate

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 REGISTER A FOREIGN LIMITED LARRICAL COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

	WITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Value Place Ocala FL Northeast LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(11)	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written
	insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")
2.	Kansas 3. N/A
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	July 29, 2013 _{5.} Perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	(Date first transacted business in Florida, if prior to registration.)
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	8621 E 21st Street North, Suite 250, Wichita, KS 67206
	in the second of
	(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:
	Value Place LLC
	8621 E 21st Street North, Suite 250
	Wichita, KS 67206
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a islation of the certificate under oath of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida: To engage in any act or
	activity for which limited liability companies may be organized under the Florida Limited Liability Company Act as now in effect or hereafter amended or modified.
	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.)

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 Limited Lin	ability Comp	any is:			
Value Place Ocala F	L Northe	ast LLC	्र इ	ē.	
If unavailable, the alternate to b				3 AUG 22	and Discontinued and American State of the Control
2. The name and the Florida st		of the registered agent and office are:		PH 5: 35	
	<u>CT</u>	Corporation System (Name)			
		(Ivaine)			
	1200 8	South Pine Island Road			
Flor	rida Street Add	ress (P.O. Box NOT ACCEPTABLE)	_		
Pl	antation	FL ³³³²⁴			
		City/State/Zip			
liability company at the place de agent and agree to act in this cap relating to the proper and compl	signated in the pacity. I furthete performatistered agent	o accept service of process for the above his certificate, I hereby accept the appoint her agree to comply with the provisions once of my duties, and I am familiar with a sprovided for in Chapter 608, Florida	tment as i f all statu ind accep	registe ites	ered
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	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: 6970263

Entity Name: VALUE PLACE OCALA FL NORTHEAST 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: 584124 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.

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