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|--------------------------|--------------------|-------------|--|--|--|
| (Re                      | equestor's Name)   |             |  |  |  |
| (Ac                      | idress)            |             |  |  |  |
| (Ac                      | ldress)            |             |  |  |  |
| (City/State/Zip/Phone #) |                    |             |  |  |  |
| PICK-UP                  | ☐ WAIT             | MAIL        |  |  |  |
| (Bu                      | usiness Entity Nar | ne)         |  |  |  |
| (Do                      | ocument Number)    |             |  |  |  |
| Certified Copies         | _ Certificates     | s of Status |  |  |  |
| Special Instructions to  | Filing Officer:    | ·           |  |  |  |
|                          |                    |             |  |  |  |
|                          |                    |             |  |  |  |
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|                          | Office Use On      | lv          |  |  |  |



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I3 OCT 29 AN II: O SECAETARY OF STATE ALLAHASSEE, FLORIDA

T. Burch OCT 3 0 2013

### **COVER LETTER**

| TO. |  |
|-----|--|

Registration Section Division of Corporations

| SUBJECT: C and L Rental, LLC   |  |
|--|--|
| Nan  | ne of Limited Liability Company  |
| The enclosed "Application by Foreign Limited Liab<br>Existence, and check are submitted to register the ab | ility Company for Authorization to Transact Business in Florida," Certificate of nove referenced foreign limited liability company to transact business in Florida |
| Please return all correspondence concerning this ma  | tter to the following:   |
| Chris Hawkins  |  |
|  | Name of Person   |
| Will & Trust Center  |  |
|  | Firm/Company   |
| 3400 College Blvd.   |  |
|  | Address  |
| Leawood, KS 66211  |  |
|  | City/State and Zip Code  |
| hawkins@thinkingbey  | ond.com  |
| E-mail address: (t   | o be used for future annual report notification)   |
| For further information concerning this matter, pleas  | se call:   |
| Chris Hawkins  | <sub>at (</sub> 913 <sub>)</sub> 754-137 <u>4</u>  |
| Name of Person   | Area Code & Daytime Telephone Number   |
| MAILING ADDRESS:   | STREET ADDRESS:  |
| Division of Corporations Registration Section  | Division of Corporations 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 amou   |  |
| \$125.00 Filing Fee \$130.00 Filing Fe   |  |

## 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:

|  | PANY TO TRANSACT BUSINESS IN TH<br>AL, LLC  |               |   |               |
|--|---|---------------|---|---------------|
| (Name of Foreign)  | Limited Liability Company; must inc   | clud          | e "Limited Liability Company," "L.L.C.," or "LLC.")   | -             |
| (If name unavailable, ente consent of the managers o Company," "L.L.C," "LLC | r managing members adopting the al  | terr          | e of transacting business in Florida and attach a copy of the nate name. The alternate name must include "Limited Liabil                        | writte<br>ity |
| 2. Colorado  | aw of which foreign limited liability   | 3.            | (FEI number, if applicable)   |               |
| company is organized)  | aw of which foreign limited liability   | •             | (FEI number, if applicable)   |               |
| 4. November 7, 201   |   | 5.            | perpetual   |               |
| (Date of   | Organization)   |               | (Duration: Year limited liability company will cease to exist or "perpetual")   |               |
| 6  |   | _,            |   |               |
|  | (Date first transacted business in I<br>(See sections 608.501 & 608.502 F.  | Flor<br>.S. t | ida, if prior to registration.)<br>o determine penalty liability)   |               |
| <sub>7.</sub> 15221 Midland  | Drive   |               |   | •             |
| Shawnee, Kansa   | as 66217  |               | CAHA<br>HA  |               |
|  | (Street Addres  | ss o          | f Principal Office)   |               |
| 8. If limited liability  | company is a manager-manage   | d c           | company, check here 🗸   | FILED         |
| 9. The name and usua   | al business addresses of the ma   | ınaş          | ging members or managers are as follows:  |               |
| Larry and Caro   | Lady  |               | Φ   |               |
| 15221 Midland  | f Drive   |               |   |               |
| Shawnee, Kar   | nsas 66217  |               |   |               |
| the jurisdiction under the la  | certificate of existence, no more than 90<br>w of which it is organized. (A photoco<br>under oath of the translator must be sul | χру           | rys old, duly authenticated by the official having custody of recision is not acceptable. If the certificate is in a foreign language, a tted.) | ords in       |
| 11. Nature of busines  | s or purposes to be conducted   | or į          | promoted in Florida:  |               |
| passive real est   | tate investment   |               |   |               |
|  | and the second  | 2             | <u></u>   |               |
|  | Signature of a member or an a   | uth           | orized representative of a member.  |               |

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Chris Hawkins

Typed or printed name of signee

(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

## 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:                                   |                                  |
|--|----------------------------------|
| C AND L RENTAL, LLC  |                                  |
| If unavailable, the alternate to be used in the state of Florida is:               |                                  |
| 2. The name and the Florida street address of the registered agent and office are: | 13<br>Sêch<br>TALLA              |
| STEVEN BURCH   | FIL<br>OCT 29<br>ETARY<br>HASSEE |
| (Name)   |                                  |
| 126 E. OLYMPIA AVE. STE. 306  Florida Street Address (P.O. Box NOT ACCEPTABLE)     | AM II: C<br>STATE<br>FLORIDA     |
| Florida Suect Address (F.O. Box NOT ACCEPTABLE)                                    | 08<br>NA                         |
| PUNTA GORDA FL 33950 City/State/Zip  | _                                |
| Ony, State Lip   |                                  |

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)

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

#### CERTIFICATE

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

#### C AND L RENTAL, LLC

is a Limited Liability Company formed or registered on 11/07/2011 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20111619311.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/21/2013 that have been posted, and by documents delivered to this office electronically through 10/23/2013 @ 07:43:20.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 10/23/2013 @ 07:43:20 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8671774.

OF COLOR

FILED

13 OCT 29 MH II: 08

SECHETARY OF STATE
TALLAHASSEE FLORIDA

Secretary of State of the State of Colorado

\*\*\*\*\*\*\*\*End of Certificate\*\*\*\*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <a href="http://www.sos.state.co.us/biz/CertificateSearchCriteria.do">http://www.sos.state.co.us/biz/CertificateSearchCriteria.do</a> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <a href="http://www.sos.state.co.us/click-Business-Center-and-select">http://www.sos.state.co.us/click-Business-Center-and-select</a> "Frequently Asked Questions."