

Florida Department of State
Division of Corporations
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(((H14000087064 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : AKERMAN LLP - ORLANDO
Account Number : 076656002425
Phone : (407)423-4000
Fax Number : (407)843-6610

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jgersh@levelinc.com

Foreign Limited Liability Company
Engquist Level Development, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 APR 14 AM 9:55

2014 APR 14

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Corporate Filing Menu

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B. BOSTICK

APR 15 2014

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Engquist Level Development, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Louisiana

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-1712744

(FBI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7500 Pecue Lane

Baton Rouge, LA 70809

(Street Address of Principal Office)

6. 7500 Pecue Lane

Baton Rouge, LA 70809

(Mailing Address)

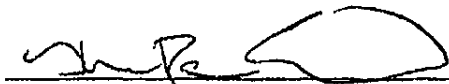
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Engquist Management, LLC - mgr

7500 Pecue Lane

Baton Rouge, LA 70809

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

(In accordance with section 605.0203, 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.)

THOMAS BRIAN ENGQUIST, AP

Typed or printed name of signee

2014-03-14 A 4:55

605.0902

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:
Engquist Level Development, 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:

NRAI Services, Inc.

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33324

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 605, Florida Statutes.

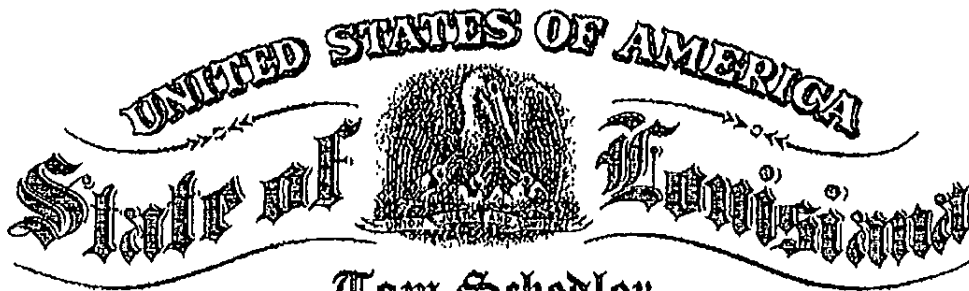
Katie Womack, Asst. Sec.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Statute (optional)

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Tom Schedler
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

ENGQUIST LEVEL DEVELOPMENT, LLC

A limited liability company domiciled in BATON ROUGE, LOUISIANA,

Filed charter and qualified to do business in this State on January 09, 2008,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

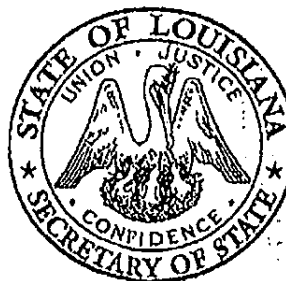
I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

April 1, 2014

Secretary of State

Web 30032443K



Certificate ID: 10477067#Q6Q83

To validate this certificate, visit the following web site, go to Commercial Division, Certificate Validation, then follow the instructions displayed.
www.sos.louisiana.gov

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2014/04/14 10:49:01 3 /7

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April 14, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AKERMAN LLP - ORLANDO

SUBJECT: ENGQUIST LEVEL DEVELOPMENT, LLC
REF: W14000023439

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

FAX Aud. #: H14000087064
Letter Number: 414A00007923

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TALLAHASSEE, FLORIDA

Please see attached revised filing.

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