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COVER LETTER

TO:

Registration Section Division of Corporations

JDC Fort Myers, L.L.C.

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:

Karen Samuelson Name of Person c/o Jones Development Company Firm/Company 4520 Madison, Suite 100 Kansas City, MO 64111 City/State and Zip Code

ksamuelson@jonesdevco.com

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

For further information concerning this matter, please call:

Karen Samuelson Daytime Telephone Number Name of Contact Person **MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations** Registration Section 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 amount:

□ \$125.00 Filing Fee ■ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

nokelon Limited Liability Co 1. JDC Fort Myers, L.L.C.					
(Name of Foreign Limited I	Liability Company; must include	"Limited Liability Con	ipany," "L.L.C.," or "LL	.C.")	_
If name unavailable, enter alternate name Liability Company," "L.L.C," or "LLC.")		sacting business in Flori	da. The alternate name r	must include "Lin	_ mited
_{2.} Missouri	3.	47-21	35838		
(Jurisdiction under the law of which for company is organized)	reign limited liability	(FE	I number, if applicable)		~
1.					_
(See so	ate first transacted business in Floections 605.0904 & 605.0905, F.	orida, if prior to registra S. to determine penalty	tion.) liability)		
_{5.} 4520 Madison, Su	ite 100				_
Kansas City, MO 6					
4520 Madison, Sui	(Street Address of	Principal Office)			_
Kansas City, MO 6	34111				
	(Mailing	Address)			-
7. The name, title or capacity a	•	n(s) who has/have	authority to mana	ge is/are:	
4520 Madison, Suite 100,	Kansas City, MO 641	11		9 P	A.
				17: S	pends Alb
B. Attached is an original certification aving custody of records in the acceptable. If the certificate is in the nust be submitted)	e jurisdiction under the la	w of which it is c	organized. (A photo	ocopy is not	
In accordance with section 605.0203, F.S., the m aware that any false information submitted	execution of this document constitu				
Kevin	🕏 Jones				

Typed or printed name of signee

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:
----	----------	--------	---------	-----------	---------	-----

J	DC	Fo	rt	M	yers,	L.	L.	C.
	_	_	_		, ,			

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:

Corporation Service Company

1201 Hays Street

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

Tallahassee,

_ 32301

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.

Stephanie Milnes
Asst. Vice President

Stephanie Miln (Signature)

\$ 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 State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

JDC Fort Myers, L.L.C. LC001422715

was created under the laws of this State on the 21st day of October, 2014, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 22nd day of October, 2014.

Secretary of State

Certification Number: CERT-10222014-0027

