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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: NORTHWEST REGISTERED AGENT LLC

Account Number : I20090000081 Phone

: (509)768-2249

Fax Number

: (855)330-1010

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

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#### Foreign Limited Liability Company FM Investco, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	H SECTION 605.0902, FLORIDA STA	· · · · · · · · · · · · · · · · · · ·		TED TO RE	GISTER A
<i>FOREIGN LIMITED LI</i> FM Investco, L	<i>ABILITY COMPANY TO TRANSACT B</i> LC	USINESS IN THE SI.	ATE OF FLORIDA:		
l •	eign Limited Liability Company; must includ	e "Limited Liability Com	pany," "L.L.C.," or "LL	.C.'')	
If name unavailable, enter : .iability Company," "L.L.C	elternate name adopted for the purpose of tran ," or "LLC.")	sacting business in Flori	da. The alternate name r	nust include "	Limited
Missouri	w of which foreign limited liability 3.	n/a	I number, if applicable)		
`company is organized) Upon Quali	fication	•	,,		
	(Date first transacted business in F (See sections 605.0904 & 605.0905, F	orida, if prior to registrat .S. to determine penalty	ion.) liability)		
1408 N Kin	gshighway Blvd., Suite	· ·		13	
					•
1 400 N Vine		f Principal Office)	- MO 0011	0	
1400 N KIN	shighway Blvd., Suite	300, St Loui	s, MO 6311	3	
<u> </u>	(Mailing	; Address)		<del>.</del>	
7. The name, title o	r capacity and address of the perso	n(s) who has/have	authority to mana	ge is/are:	
•	, Member, 1408 N Kingshigh		<del>,</del>	<del>-</del>	13
<del></del> ,				<del> </del>	<del></del>
naving custody of rec	rinal certificate of existence, no mo cords in the jurisdiction under the l dificate is in a foreign language, a t	law of which it is o	rganized. (A phote	ocopy is no	ot
	Morgan	.O.w.	•		
in accordance with section 60: m aware that any false inform	Signature of an 5.0203, F.S., the execution of this document constitution submitted in a document to the Department of	authorized person utes an affirmation under the f State constitutes a third do	c penalties of perjury that t	the facts stated ] in s.817.155, F	herein are true. .S.)
	Morgan Noble			≥ Ω	_
	Typed or printed	name of signee		CRETARY LAHASSE	2015 APR -7

## 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.

If unavailab	ole, the alternate to be used in the state of Florida is	;
		·
2. The nam	ne and the Florida street address of the registered ag	ent and office are
	Northwest Pagistared Ag	ont LLC
	Northwest Registered Ag	BIN LLO
	(Name)	CIR LLO
	(Name)	Ste 150A
	3030 N. Rocky Point Dr. 3	Ste 150A

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.

(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) APR -7 AH 8: 29

# STATE OF MISSOUR



### 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

FM Investor, LLC 4 LC1281318

was reated under the laws of this State on the 8th day of January, 2013, and is active, having full complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereighto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 6th day of April, 2015.

AND SECURITY OF State 11 ...

ertification Number: CERT-04062015-0096