

# M15000005014

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

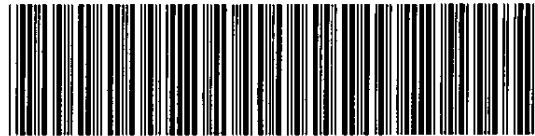
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF STATE  
15 JUN 25 AM 10:50  
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FILED  
2015 JUN 25 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. Cuffigan JUN 26 2015

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO: : I20000000195

REFERENCE : 682361 7370274

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE : June 24, 2015

ORDER TIME : 9:57 AM

ORDER NO. : 682361-010

CUSTOMER NO: 7370274

FOREIGN FILINGS

NAME: DONNA K LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Donna K 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:

Brian C. Behrens  
\_\_\_\_\_  
Name of Person

Carmody MacDonald P.C.  
\_\_\_\_\_  
Firm/Company

120 S. Central Ave., Suite 1800  
\_\_\_\_\_  
Address

St. Louis, MO 63105  
\_\_\_\_\_  
City/State and Zip Code

bc@cmodymacdonald.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian C. Behrens                      314                      854-8600 x8608  
\_\_\_\_\_  
Name of Contact Person                      at (                      )                      Daytime Telephone Number  
Area Code

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate<br>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:

1. Donna K 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. Missouri 3. 27-0929117  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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. 3540 Sandalwood Circle, Unit 1215  
Naples, FL 34109  
(Street Address of Principal Office)

6. 3540 Sandalwood Circle, Unit 1215  
Naples, FL 34109  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Donna Kay  
Office Address: 3540 Sandalwood Circle, Unit 1215  
Naples, Florida 34109  
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in  
this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept  
the obligations of my position as registered agent.

Donna Kay Member  
(Registered agent's signature)

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

Donna Kay, Member  
3540 Sandalwood Circle, Unit 1215  
Naples, FL 34109

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath  
of the translator must be submitted)

Donna Kay Member  
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.)

Donna Kay  
Typed or printed name of signee

FILED  
2015 JUN 25 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# STATE OF MISSOURI



**Jason Kander**  
**Secretary of State**

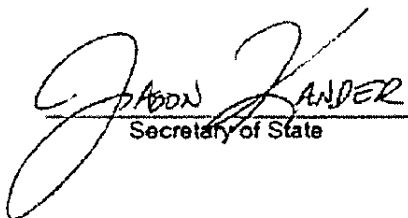
**CORPORATION DIVISION**  
**CERTIFICATE OF GOOD STANDING**

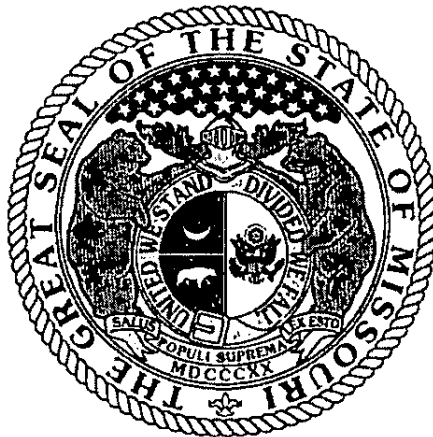
I, JASON KANDER, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

*Donna K LLC*  
*LC0994268*

was created under the laws of this State on the 4th day of September, 2009, 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 17th day of June, 2015.

  
Secretary of State



Certification Number: CERT-06172015-0080