Page 1 of 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

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

Email Address:

Foreign Limited Liability Company ET Longwood, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

JUL 1 5 2015 Help

J SHIVERS

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT: ET Lon	gwood, LLC		
·		of Limited Lishility Company	
The enclosed "Applic Existence, and check	ation by Foreign Limited Liabi are submitted to register the ab	lity Company for Authorizat ove referenced foreign limit	tion to Transact Business in Florida," Certificate of ed liability company to transact business in Florida
Please return all corre	spondence concerning this mat	ter to the following:	
She	ila Niewochner	_	
		Name of Person	"
Hus	ch Blackwell LLP		
		Pirm/Company	
190	Carondelet Plaza, Suite 600		
		Address	
St. 1	ouis, MO 63105		
		City/State and Zip Code	
sscho	on@kpstl.com		
	E-mail address: (to be used for future annual rep	port notification)
For further information	n concerning this matter, please	e call;	
Shella Nicw	oehner	at (<u>314</u>	345-6111
	Name of Contact Person	Area Code	Daytime Telephone Number
MAILING A Division of C Registration	Corporations	STREET ADDRESS: Division of Corporations	
P.O. Box 633		Registration Section Clifton Building	
Tallahassee,	FL 32314	2661 Executive Center Circ Tallahassee, FL 32301	cle
Enclosed is a chec	k for the following amour	ıt:	
⊠ \$ 125.00 F		Fee & 🔲 \$155.00 Filing	

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

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

(Name of Foreign Limited Liability Company; must include "Limited Liability Company; must include "Liability Company" "Liability "Liabilit	
traine of reseign connect charing Constant, must menue come	si Daminy Company. L.L.C., or "LLC.)
(If name unavailable, enter alternate name adopted for the purpose of transacting Liability Company," "L.L.C." or "L.L.C.")	business in Florida. The alternate name must include "Limited
7 Missouri 3	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, l'applicable)
4. Upon qualification	
(Date first transacted hosiness in Plorida. If (See sections 605,0904 & 605,0905, F.S. to de	prior to registration.) (crmine penalty liability)
5. 8025 Forsyth Boulevard	
St. Louis, MO 63105	
(Surest Address of Princip	al Office)
6. 8025 Forsyth Boulevard	
St. Louis, MO 63105	
(Mailing Address	1)
7. The name, title or capacity and address of the person(s) w	ho has/have authority to manage is/siz:
	क्रिंड
James G. Koman, President	
8025 Forsyth Boulevard	\$58 T
St. Louis, MO 63105	CO 3.
31. LDUIS, MO 03103	
8. Attached is an original certificate of existence, no more tha	
having custody of records in the jurisdiction under the law of	which it is organized. (A photocopy is now
acceptable. If the certificate is in a foreign language, a translat	tion of the certificate under oath of the translator
nust be submitted)	
XI	
Signature of an author in accordance with section 605 0203. Fig. the execution of this document constitutes as all in accordance with section 605 0203. Fig. the execution of this document to the Department of State call	Tirmation under the penalties of persury that the facts stated herein are true
James G. Koman	
Typed or printed name of	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.

I. The name	of the Limited Liability	Company is:		
ET Langwood	LLC			
If unavailabl	c, the alternate to be used	in the state of Florida is:		
2. The name	and the Florida street ad	dress of the registered agent and office are:		
	C T Corporation System	•		
		(Name)		<u> </u>
	1200 South Pine Island F	Road		:
	Florida Str	rect Address (P.O. Box NOT ACCEPTABLE)	LLAHASSE	ac the
	Plantation	FL 33324		į" į"Y
	 	City/State/Zip	107 11.5 108	1 2 m
liability comp registered ag statutes relati	ouny at the place designate tent and agree to act in th ing to the proper and con	nt and to accept service of process for the above ted in this certificate, I hereby accept the appoi is capacity. I further agree to comply with the aplete performance of my duties, and I am families as registered agent as provided for in Chapter 6	iniment as provisions of all liar with and	
	C T Corporation Syst	C0001 41 3		
		(Signature) Cathi J. Wall, Asst. Secretary		
		00.00 Filing Fee for Application 25.00 Designation of Registered Agent		

S 30.00 Certified Copy (optional)
S 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

ET Longwood, LLC LC001453826

was created under the laws of this State on the 11th day of July, 2015, 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 14th day of July, 2015.

Certification Number: CERT-07142015-0036

