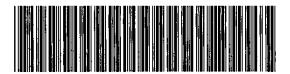
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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MAY 12 2016 J SHIVERS

## **COVER LETTER**

	on Section f Corporation	11		
SUBJECT:	Stra	Name of I	Limited Liability Comp	LLC:
The enclosed "App Existence, and chec	lication by For k are submitte	eign Limited Liability Comp d to register the above refere	any for Authorization tenced foreign limited lie	to Transact Business in Florida," Certificate of ability company to transact business in Florida
Please return all con	respondence o	oncerning this matter to the	following:	
		Adam R.	Slace	-17
		N:	ame of Person	/
		Stacey (	GONEATIVE	<u> </u>
		/ Fi	rm/Company	
_		8991 E	Address	57
		Lafferd	MAD A	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
-		City/S	tate and Zip Code	.3 ( 1
		Adamic	educing.co	in
_	•	E-mail address: (to be used	for future arequal repo	rt notification)
For further informa	tion concernin	g this matter, please call;		
	John 1	R. Street	at ( <u>417</u> )	840 0577
	Name o	of Contact Person	Area Code	Daytime Telephone Number
Division o Registratio P.O. Box			Div Reg Clif 266	REET ADDRESS: ision of Corporations sistration Section from Building 1 Executive Center Circle lahassee, FL 32301
Enclosed is a check	for the follow Filing Fee	ing amount:  \$130.00 Filing Fee &  Certificate of Status	\$155.00 Filing Fe Certified Copy	e & \$160.00 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS . . , in Florida

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.C." or
Liability Company, ""LL.C," or "LLC.")  2. MSSCURT (Joursdiction under the law of which foreign limited hability company is organized)  4. Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  5. STATEST MO 65757 (Street Address of Principal Office)  6. STHE Division St  Chailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Amanda Wheeler  Office Address: 1642 Lahaina Lt  Gulf Breeze , Florida 33563 (City)  Registered agent's acceptance:  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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and
[Jurisdiction under the law of which foreign limited liability company is organized]  4.
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  5. SAPI E Divisor St  (Street Address of Principal Office)  6. STI E Divisor St  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Amanda Wheeler  Office Address: 1642 Lahaina Ct  (City)  (City)  Registered agent's acceptance:  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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and
5. Stratused MO 65757  (Street Address of Principal Office)  6. 871 E Division 51  Stratus of MO 65757  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Amanda Wheeler  Office Address: 16 42 Lahaina Ct  Gulf Breeze , Florida 32563  (Zip code)  Registered agent's acceptance:  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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and
(Street Address of Principal Office)  6. Strastor M. 15757  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Amanda Wheeler  Office Address: 1642 Lahaina Lt  Gulf Breeze , Florida 30563  (City)  Registered agent's acceptance:  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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and
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(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Adam R. Stacy - Director
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)  Signature of an authorized person
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes 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.  Adam R. State.
Typed or printed name of signee

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

Stacey Properties, L.L.C. LC001419112

was created under the laws of this State on the 17th day of September, 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 9th day of May, 2016.

Secretary of State

Certification Number: CERT-05092016-0027