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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/5/16

NAME: FLATD, LLC

TYPE OF FILING: APPLICATION

COST: 1,041.25 - CHECK IS ATTACHED

RETURN: PLAIN COPY PLEASE

~~ACCOUNT: EC A0000000015~~

~~AUTHORIZATION: ABBIE/PAUL HODGE~~



results matter

Mary Davis
mdavis@burr.com
Direct Dial: (407) 540-6684

200 South Orange Avenue
Suite 800
Orlando, FL 32801

October 5, 2016

Main (407) 540-6600
Fax (407) 540-6601

VIA HAND DELIVERY

BURR.COM

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

**Re: FLATD, LLC - Application by Foreign Limited Liability Company for
Authorization to Transact Business in Florida**

To Whom it May Concern:

Please see the enclosed application for FLATD, LLC to transact business in Florida as a foreign limited liability company.

Also enclosed is a check in the amount of \$1,041.25. Pursuant to my phone conversation with Yasmin Sulker on August 17, 2016, I understand that the fee breakdown is as follows:

\$125.00	Filing fee
\$416.25	Annual report fees for 2014-2016
<u>\$500.00</u>	Penalty for failure to register in Florida prior to transacting business.
\$1,041.25	Total

Please contact my office should you have any questions or issues regarding the enclosed.

Thank you,

Mary Davis
Paralegal

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLATD, 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:

Mary Davis/Ty Roofner
Name of Person

Burr & Forman LLP
Firm/Company

200 South Orange Ave. Suite 800
Address

Orlando, FL 32801
City/State and Zip Code

Rainer.Richter@magnoliaadvisors.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>Mary Davis</u>	<u>407</u>	<u>540-6684</u>
Name of Contact Person	at (Area Code)	Daytime Telephone Number

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 type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
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Other: \$1,041.25

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. FLATD, 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. 46-4077465
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. November 20, 2013
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 300 West 11th Street
Kansas City, MO 64105
(Street Address of Principal Office)

6. 558 West New England Ave., Suite 250
Winter Park, FL 32789
(Mailing Address)

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

Name: Rainer Richter
Office Address: 558 West New England Ave., Suite 250
Winter Park, Florida 32789
(City) (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 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.

[Signature]
(Registered agent's signature)

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

Michael Oliver - Authorized Representative 558 West New England Ave., Suite 250, Winter Park, FL 32789

Rainer Richter - Authorized Representative 558 West New England Ave., Suite 250, Winter Park, FL 32789

Mark Fallon - Authorized Representative 300 West 11th Street, Kansas City, MO 64105

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]
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.

MARK FALLON
Typed or printed name of signee

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2013 NOV 27 A 8:34
CLERK OF STATE
TALLAHASSEE, FLORIDA

STATE OF MISSOURI



Jason Kander
Secretary of State

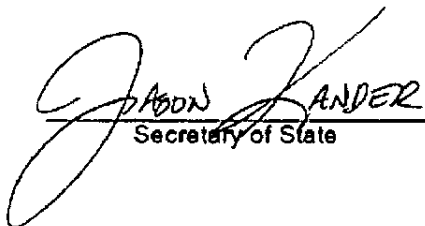
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

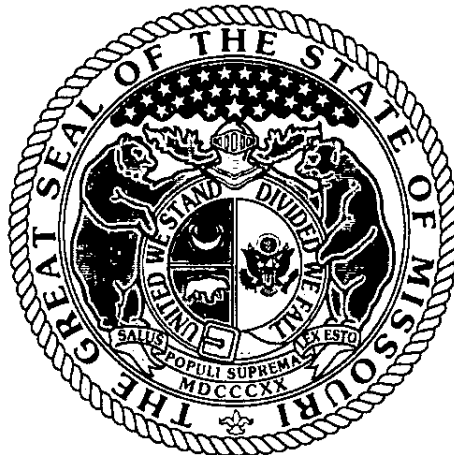
I, JASON KANDER, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

FLATD, LLC
LC1355591

was created under the laws of this State on the 12th day of November, 2013, 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 10th day of August, 2016.


Secretary of State



Certification Number: CERT-08102016-0062