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Kansas City, Missouri 64108  
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www.sb-kc.com

Tracy A. Tankard  
Paralegal  
816.265.4123  
ttankard@sb-kc.com

October 10, 2016

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

RE: Application by Foreign Limited Liability Company for Authorization to Transact  
Business in Florida – MLBC-2, LLC

Dear Sir/Madam:

Please find enclosed for filing an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for MLBC-2, LLC, as well as our firm check in the amount of \$125.00 for the filing fee. Also enclosed is a Certificate of Good Standing from the entity's home state of Kansas. Upon processing, please return a file stamped copy of the filing to my attention in the self-addressed, stamped envelope provided.

Thank you for your attention to this matter. Please contact me if you have any questions.

Sincerely,

SEIGFREID BINGHAM, P.C.

By Tracy A. Tankard  
Tracy A. Tankard  
Paralegal

TAT  
Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MLBC-2, 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:

Mark H. Gilgus

\_\_\_\_\_  
Name of Person

Seigfreid Bingham, P.C.

\_\_\_\_\_  
Firm/Company

2323 Grand Boulevard, Suite 1000

\_\_\_\_\_  
Address

Kansas City, MO 64108

\_\_\_\_\_  
City/State and Zip Code

mgilgus@sb-kc.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark H. Gilgus

816 421-4460  
at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
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:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
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. MLBC-2, 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. Kansas 3. \_\_\_\_\_  
(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. 20924 Floyd Street, Bucyrus, KS 66013

(Street Address of Principal Office)

6. 20924 Floyd Street, Bucyrus, KS 66013

(Mailing Address)

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

Name: National Corporate Research, LTD., Inc.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee, Florida 32301  
(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.

Kathy A. Butler  
(Registered agent's signature)

Kathy A. Butler, Asst. Sec.

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

Michael L. McCown, Sole Member, 20924 Floyd Street, Bucyrus, KS 66013

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)

Finch  
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.

Michael L. McCown, Sole Member

Typed or printed name of signee

**STATE OF KANSAS  
OFFICE OF  
SECRETARY OF STATE  
KRIS W. KOBACH**

**FILED**  
2016 OCT 14 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that  
according to the records of this office.

Business Entity ID Number: 8444705

Entity Name: MLBC-2, LLC

Entity Type: KANSAS LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: SBLSG REGISTERED AGENT, LLC

Registered Office: 9300 W 110th Street Suite 200, OVERLAND PARK, KS 66212

was filed in this office on October 06, 2016, and is in good standing, having fully complied  
with all requirements of this office.

No information is available from this office regarding the financial condition, business  
activity or practices of this entity.



In testimony whereof I execute this certificate and affix  
the seal of the Secretary of State of the state of Kansas  
on this day of October 10, 2016

*Kris W. Kobach*

**KRIS W. KOBACH  
SECRETARY OF STATE**

Certificate ID: 860246 - To verify the validity of this certificate please visit  
<https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.