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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

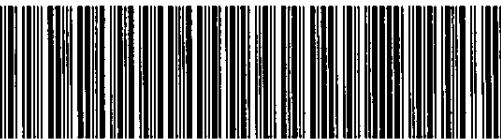
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAR 21 2017
S. YOUNG

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAR 17 PM 12:35

Office Use Only

COVER LETTER

TO: **Registration Section**
Division of Corporations

Manchester Partners, LLC
SUBJECT: _____

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:

Joseph D Garea

Name of Person

Manchester Partners

Firm/Company

9128 Strada Place, #10115

Address

Naples, FL 34108

City/State and Zip Code

jgarea@detalus.com

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

For further information concerning this matter, please call:

Joseph D Garea	314	378-1436
_____ 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:

\$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

17 MAR 17 PM 12:35
SUSIE LARAY ORGAN
TALLAHASSEE, FLORIDA

**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. Manchester Partners, 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 43-1781933

(FEI number, if applicable)

4. February 15, 2017

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

5. 9128 Strada Place, #10115, Naples, FL 34108

(Street Address of Principal Office)

6. 9128 Strada Place, #10115, Naples, FL 34108

(Mailing Address)

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

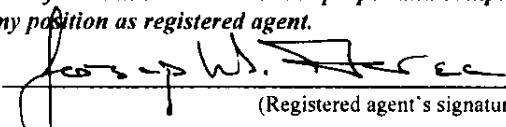
Name: Joseph D Garea

Office Address: 9128 Strada Place, #10115

Naples, Florida 34108
(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.

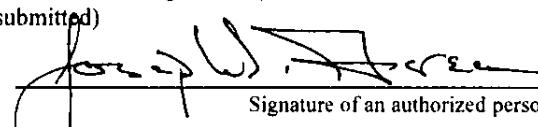

(Registered agent's signature)

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

Joseph D Garea, Managing Member

Steven M Rull, Managing Member

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.

Joseph D Garea

Typed or printed name of signee

17 MAR 17 PHB: 35
FALL RIVER, MASS.
POST OFFICE

STATE OF MISSOURI



**John R. Ashcroft
Secretary of State**

**CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING**

I, JOHN R. ASHCROFT, 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

**MANCHESTER PARTNERS, L.L.C.
LC0012564**

was created under the laws of this State on the 28th day of April, 1997, 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 13th day of March, 2017.

A handwritten signature of John R. Ashcroft in black ink. Below the signature, the text "Secretary of State" is printed in a smaller, sans-serif font.



Certification Number: CERT-03132017-0075