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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	= #)
·	,	•
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(= :		,
	cument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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D. SCOTT MAR 2 8 2017

COVER LETTER

		ation Section n of Corporation	s					
SUBJEC		OWNTOWN PR	OPERTIES LLC					
Name of Limited Liability Company								
			eign Limited Liability Comp d to register the above refer					
Please re	eturn all	correspondence c	oncerning this matter to the	following:				
		RYAN CIPPAI	RONE, ESQUIRE					
			N	ame of Person			-	
	CIPPARONE & CIPPARONE, P.A.							
			F	irm/Company		,	_	
		1525 INTERNA	ATIONAL PARKWAY, SU	JITE 1071				
				Address			_	
		LAKE MARY,	FL 32746					
			City/S	tate and Zip Code			_	
		RCIPPARONE	CIPPARONEPA.COM					
			E-mail address: (to be use	d for future annual	report not	ification)	_	
For furth	ner infor	mation concerning	g this matter, please call:			-d .c.	1 = 1	
	RYAN	CIPPARONE		321 at (275-59 _)	14	图第二	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	海飞河	
	Divisio Registra P.O. Bo	n of Corporations ation Section ox 6327 ssee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle iee, FL 32301	FILEU 309	
Enclosed		eck for the follow 6.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Cof Status & Certified Co		

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:

l. BROWNTOWN PROP				
(Name of Fore	ign Limited Liability Company; mu	st include "Limited Li	iability Company," "L.L.C.," or	"LLC.")
Liability Company," "L.L.C,"	ternate name adopted for the purpos 'or "LLC.")	e of transacting busine	ess in Florida. The alternate nam	ne must include "Limited
_{2.} MISSOURI		3. 81-3453812	2	
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)
4.				
5. 2071 W Village Terrac	(Date first transacted busine (See sections 605.0904 & 605	ess in Florida, if prior .0905, F.S. to determi	to registration.) ine penalty liability)	-
Springfield, MO 65810				_
	(Street Address of	Principal Office)		-
6. 2071 W Village Terrace	e			
Springfield, MO 65810)			
	(Mailing	Address)		_
7. Name and street addres	s of Florida registered agent: (P	O. Box NOT accep	ptable)	
Name:	CIPPARONE & CIPPARONE	E, P.A.		
Office Address:	1525 INTERNATIONAL PAR	RKWAY, SUITE 10	 971	
3	LAKE MARY		, Florida <u>32746</u>	
Registered agent's accep	(City)		(Zip code)	-
	tance. gistered agent and to accept ser	vice of process for t	the above stated limited liab	ility company at the place
designated in this applicat	tion, I hereby accept the appoin	itment as registered	agent and agree to act in th	is capacity. I fürther agree
	ons of all statutes relative to the my position as registered agent.		ete performance of my dutie.	s, and Lam Jamiliar with an
,,				
	(Regis	stered agent's signature	e)	- 23
	, ,			100 3
	acity and address of the person(s)) who has/have auth	ority to manage is/are:	震制 8
MICHAEL D. BROWN,	SOLE MEMBER	_		
1071 W. VILLAGE TERI	RACE			
SPRINGFIELD, MO 658	10			
	of existence, no more than 90 day of which it is organized. (If the cubmitted)			
	Signature	e of an authorized pers	son	_

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 D. BROWN

OF MISSOURI STATE

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John R. Ashcroft Secretary of State

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

Browntown Properties LLC LC001501935

was created under the laws of this State on the 4th day of August, 2016, 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 8th day of March, 2017.

cretary of State

Certification Number: CERT-03082017-0103