

117000007752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

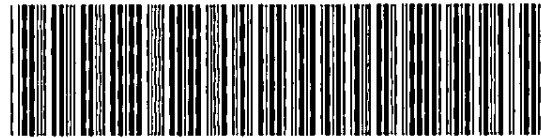
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2017 SEP 13 AM 9:20

STATE BAR FOR STAFF  
FALLASSETT, FL 0016

17 SEP 13 AM 11:58

K. SALY  
SEP 14 2017

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 813171 4719707  
AUTHORIZATION :   
COST LIMIT : \$125.00

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ORDER DATE : September 12, 2017  
ORDER TIME : 1:29 PM  
ORDER NO. : 813171-005  
CUSTOMER NO: 4719707

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FOREIGN FILINGS

NAME: NAPLES FIFTH KC LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NAPLES FIFTH KC 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:

Nora Jackson

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

Polsinelli PC

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

900 W 48th Place, Ste 900

\_\_\_\_\_  
Address

Kansas City, MO 64112

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

david.harvey@stonecreekprop.com

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

For further information concerning this matter, please call:

Nora Jackson

816

360.4154

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 RE-ENTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. NAPLES FIFTH KC 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

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

3.

(F.E.I. 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. 14711 W. 114th Terr.

(Street Address of Principal Office)

6. 14711 W. 114th Terr.

(Mailing Address)

Lenexa, KS 66215

Lenexa, KS 66215

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

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.

Corporation Service Company

By:

(Registered agent's signature)

Melissa Zender

Asst. Vice President

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Manager

Douglas E. Weltner

Manager

David Harvey

14711 W. 114th Terr.

14711 W. 114th Terr.

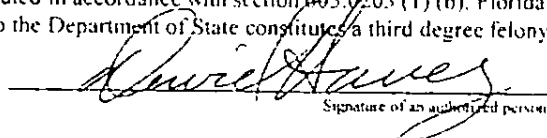
Lenexa, KS 66215

Lenexa, KS 66215

(Use attachments if necessary)

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)

10. 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.

  
Signature of an authorized person

David Harvey, Manager

(Typed or printed name of signer)

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

FILED  
2017 SEP 13 AM 9:20  
CLERK 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: 8211807

Entity Name: NAPLES FIFTH KC LLC

Entity Type: KANSAS LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: NAPLES FIFTH KC LLC

Registered Office: 11225 College Blvd Ste. 120, OVERLAND PARK, KS 66210

was filed in this office on February 24, 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 September 11, 2017

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

Certificate ID: 974750 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.