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(Address)	000305318830
(City/State/Zip/Phone #)	11/06/1701034018 **125.00
PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	FILE TO NOV -6
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Special Instructions to Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations

ZP Live Oak Housing, LLC

.

SUBJECT:

Name of Limited Liability Company

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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:

Rachele Huett				
		ame of Person		
Wilhoit Proper	ties			
	Fi	rm/Company		
1730 E. Repub	lic Road Suite F			
		Address		
Springfield, M	O 65804			
<u></u> ~	City/S	tate and Zip Code		······································
rhuett@wilhoitp	roperites.com			
	E-mail address: (to be use	l for future annual	report not	tification)
r further information concernit	ng this matter, please call;			
Rachele Huett		-417 at (883-16	32
Name	of Contact Person	Area Code	Day	time 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		of Corporations ion Section Building centive Center Circle
nclosed is a check for the follow I \$125.00 Filing Fee	ving amount: D \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	S160.00 Filing Fee, Certifica 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 ZP Live Oak Housing, LLC

Missouri 3. (PEI number, if applicable) (UndedGebon under du law of which hability company is arganized) (PEI number, if applicable) (DividedGebon under du law of which hability company is arganized) (PEI number, if applicable) (DividedGebon under du law of which hability company is arganized) (PEI number, if applicable) (DividedGebon under du law of which hability company is arganized) (PEI number, if applicable) 1730 E. Republic Rd Ste. F 6. 1730 E. Republic Rd. Ste. F (DividedGebon under du law of which arginized) 6. 1730 E. Republic Rd. Ste. F (DividedGebon under du law of which arginized) (Delaw of which arginized law of arginized law o	(Pel number de builters and builters in Florida, l'actor to registration.) (Ches frai treassed builters in Florida, l'actor to registration.) (Sea sections 60.0004 & 603.0001, F.S. to determine penalty labelity) 1730 E. Republic Rd Ste. F 6. [first Address of Florida registered agent: (P.O. Box NOT acceptable) (Maling Address) Name and <u>street address</u> of Florida registered agent: (P.O. Box NOT acceptable) (Maling Address) Name: Corporation Service Company Office Address: 1201 Hays Street Tallahassec (Cay) vigstered agent's acceptance: (Cay) vigstatered agent and to accept service of process for the above stated limited liability com n. vigstatered agent and to accept the appointment as registered agent and so accept the appointment as registered agent and to accept service of process for the above stated limited liability com n. d accept the obligations of all statutes reflative to the proper and complete performance of my duties, and I am familital d accept the obligations of my position as registered agent (Cay) Asst Vice President (Represend syster's aignated) Name and Address; Title or Capacity: Name and Address; Member Justin M. Zimmerman Name and Address; Name and Address;				<u> </u>
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1730 E. Republic Rd, Ste, F	1730 E. Republic Rd, Ste, F	ignated in this applica comply with the provisi accept the obligation: The name, title or capa	ions of all statutes relative to the pr s of my position as negistered agen (Rejumn acity and address of the person(s)	Chelsey Martine <u>st Vice President</u> upper's signature) ho has/have authority to manage is/	/are: Name and Address:
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Springfield MO 65804		ignated in this applica comply with the provisi accept the obligation: The name, title or capa <u>Title or Capacity:</u>	acity and address of the person(s) with Name and Address; Justin M. Zimmerman	Chelsey Martine <u>st Vice President</u> <u>stat's algebras</u> tho has/have authority to manage is/ <u>Title or Capacity:</u>	'are: <u>Name and Address:</u>

(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 a.817.155, F.S.

$C \mathcal{D}$	
	Signature of an authorized person
Justin M. Zimmerman	

Typed or printed same of signes



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

ZP Live Oak Housing, LLC LC001561838

was created under the laws of this State on the 31st day of October, 2017, 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 1st day of November, 2017.



Certification Number: CERT-11012017-0057