

116000006294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

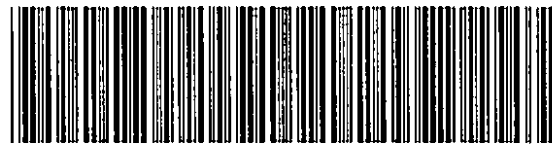
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/04/18--01027--007 **125.00

07/09/18--01043--003 **638.75

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2018 JUL -6 A 8:36

855215-81M



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2018

ROBERT W ELLIS
518 BAYPORT WAY
LONGBOAT KEY, FL 34228

SUBJECT: CHARLOTTE APARTMENTS LLC
Ref. Number: W18000042558

We have received your document for CHARLOTTE APARTMENTS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 518A00009401

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2018 JUL -6 AM 11:26

DEPARTMENT OF
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

2018 JUL -6 AM 11:26

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHARLOTTE APARTMENTS 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:

ROBERT W. ELLIS

Name of Person

Firm/Company

518 Bay Port Way

Address

LONGBOAT Key FL 34228

City/State and Zip Code

Robellis@KCAPARTMENTSLLC.COM

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

For further information concerning this matter, please call:

BOB ELLIS

Name of Contact Person

at

(816)

Area Code

729-2170

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. CHARLOTTE APARTMENTS 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. New
(FE number, if applicable)

4. SEPT 2017
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3615 N ROADBEE DR
(Street Address of Principal Office)
KANSAS CITY MO 64111

6. Mendus & Associates, PC
107 Archibald St.
Kansas City MO 64111

MAIL ADDRESS

171

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

Name: ROBERT W. ELLIS JR

Office Address: 518 BAYPORT WAY
LONGBOAT KEY, Florida 34228
(City) (Zip code)

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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.

Robert W. Ellis Jr
(Registered agent's signature)

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

ROBT W ELLIS JR
518 BAYPORT WAY
LONGBOAT KEY FL
34228

(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.

Robert W. Ellis Jr
(Signature of an authorized person)

ROBERT W. ELLIS JR
(Typed or printed name of signer)

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

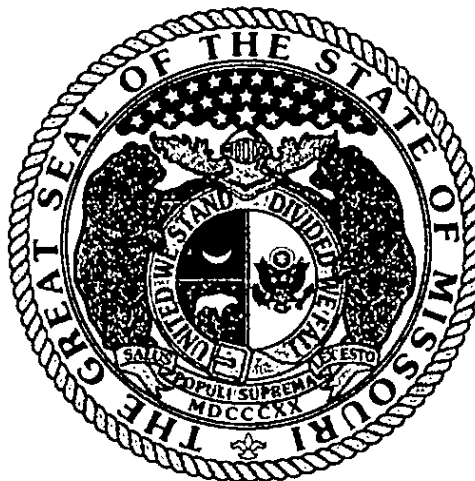
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

CHARLOTTE APARTMENTS LLC
LC0055577

was created under the laws of this State on the 25th day of September, 2001, 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 30th day of April, 2018.


Secretary of State



Certification Number: CERT-04302018-0083