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18 OCT 31 AM IO: 58

K. SALY (10V 1 2018 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 465356 4805245

AUTHORIZATION :

COST LIMIT : \$ 160.00

ORDER DATE: October 30, 2018

ORDER TIME : 9:43 AM

ORDER NO. : 465356-005

CUSTOMER NO: 4805245

FOREIGN FILINGS

NAME: QUINCY'S CROSSING, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

SUBJECT	Quincy's Crossing	LLC				
SOBJECT	•	Name of	Limited Liability	Company		
The enclose Existence,	ed "Application by Fo and check are submitt	preign Limited Liability Com ed to register the above refe	npany for Authoriza renced foreign limi	ation to Tr ted liabilit	ansact Business in Florida," Ce by company to transact business	rtifi in l
Please retui	rn all correspondence	concerning this matter to the	c following:			
	Roger M. Her	man				
	·	7	lame of Person			
	Rosenblum G	oldenhersh, P.C.				,
		ŀ	irm/Company			
	7733 Forsyth	Blvd., Suite 400				
	.		Address			
	St. Louis, MO	63105				
		City/S	State and Zip Code			
	rherman@rgsz.o	com				
		E-mail address: (to be use	d for future annual	report no	tification)	
For further	information concernit	ng this matter, please call:				
Ro	oger M. Herman		314	726-68		
	Name	of Contact Person	at (_) Day	vtime Telephone Number	
Di Re P.(vision of Corporation gistration Section D. Box 6327 Ilahassec, FL 32314			Division Registrat Clifton B 2661 Exc	ecutive Center Circle	
- الحجمامة	a abadi fa-st- f-11			тапапа59	see, FL 32301	
	a check for the follow \$125.00 Filing Fee	ving amount: \$130.00 Filing Fee &	□ \$155.00 Filir	ıp Fee &	■ \$160.00 Filing Fec, Certifi	icate

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:

	ame adopted for the purpose of transacting business in Florid	a. The alternate mains must include "Limited Li	ability Company," "L.L.C." or "LLC.")
Missouri		3.	
(Jurisdiction under the law of w	hich foreign limited hability company is organized)	(FEI mun	iber, if applicable)
	(Date first transacted business in Florida, if prior to reg (See sections 605,0904 & 605,0905, F.S. to determine	nstration)	
516 Villas Drive	(See Sections 652,5767 to described), 7.3. In describing		
(Street Address of F	rincipal Office)	6. Roger M. Herman (Mailing Add	dress) — 6
Venice, Florida 34285		7733 Forsyth Blvd., 4th Fl	00r 26 8
		St. Louis, MO 63105	بنائية
Name and street addres	s of Florida registered agent: (P.O. Box 1	NOT acceptable)	H.
Name:	Corporation Service Company		
(Name:			6.5
Office Address:	1201 Hays Street		
	Tallahassee	, Florida 32301	7
	(City)	Zip co.	de)
signated in this application comply with the provision	tion, I hereby accept the appointment as rons of all statutes relative to the proper at soft my position as registered agent.	registered agent and agree to act and complete performance of my	I liability company at the pla in this capacity. I further a duties, and I am familiar wi Roxanne Turner Asst. Vice President
esignated in this applicate comply with the provising accept the obligations in the control of t	tion, I hereby accept the appointment as rons of all statutes relative to the proper at of my position as registered agent. (Registered agent's sign	registered agent and agree to act and complete performance of my Junus Junus	in this capacity. I further a duties, and I am familiar wi
esignated in this applicate comply with the provision accept the obligations	tion, I hereby accept the appointment as rons of all statutes relative to the proper at soft my position as registered agent.	registered agent and agree to act and complete performance of my Junus Junus	in this capacity. I further a duties, and I am familiar win Roxanne Turner Asst. Vice President
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esignated in this applicate comply with the provising accept the obligations of the name, title or capa	city and address of the person(s) who has/line and Address: JoAnn R. Bova 500 of all statutes relative to the proper at the proper and address of the person(s) who has/line and Address: JoAnn R. Bova	registered agent and agree to act and complete performance of my name) have authority to manage is/are:	in this capacity. I further a duties, and I am familiar win Roxanne Turner Asst. Vice President
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STATE OF MISSOURY



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

Quincy's Crossing, LLC LC001417935

was created under the laws of this State on the 5th day of September, 2014, 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 October, 2018.

Secretary of State

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Certification Number: CERT-10302018-0099