

M190000001205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

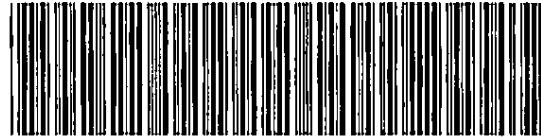
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STATE OF FLORIDA  
TALLAHASSEE, FL

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 8, 2019

PEERY DUPLEX LLC  
ROBERT W. ELLIS JR  
518 BAYPORT WAY  
LONGBOAT KEY, FL 34228 US

SUBJECT: PEERY DUPLEX LLC  
Ref. Number: W19000001911

We have received your document for PEERY DUPLEX 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Sterling R Abney  
Regulatory Specialist II

Letter Number: 819A00000529

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PEERY DUPLEX 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 JR  
Name of Person

PEERY DUPLEX LLC  
Firm/Company

518 BAYPORT WAY  
Address

HONGBONG KEY FL 34228  
City/State and Zip Code

bobellis@KCAPARTMENTSLLC.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BOB ELLIS at (816) 729-2170  
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 REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PEERY DUPLEX 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 STATE 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 9/25/2018  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 107 ARCHIBALD STREET 6. ← SAME  
(Street Address of Principal Office) (Mailing Address)
- KANSAS CITY MO 64111

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 FL, Florida 34228  
(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.

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:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>MGR</u>	<u>PEGGY SMITH</u> <u>107 ARCHIBALD ST</u> <u>KANSAS CITY MO 64111</u>	<u>MEM</u>	_____
<u>MEMBER</u>	<u>ROBERT W. ELLIS JR</u> <u>518 BAYPORT WAY</u> <u>LONGBOAT KEY FL</u> <u>34228</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 s.817.155, F.S.

Robert W. Ellis Jr.  
Signature of an authorized person

ROBERT W ELLIS JR  
Typed or printed name of signer

FILED  
2019 FEB - 1 AM 10:06  
TALLAHASSEE, FL

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

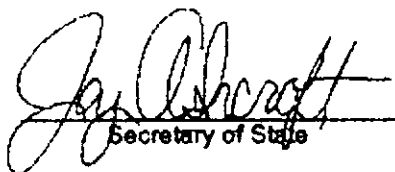
**CORPORATION DIVISION**  
**CERTIFICATE OF GOOD STANDING**

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

*Peery Duplex LLC*  
*LC1338312*

was created under the laws of this State on the 28th day of August, 2013, 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 January, 2019.

  
Secretary of State



Certification Number: CERT-01302019-0060