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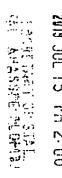
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JUL 16 2019 M. SOLOMON

COVER LETTER

TO:

	gistration Section ision of Corporations
	FPS CAPITAL LLC PS:
hty Company	Name
orization to Transact Business in Florida," Certificate of limited liability company to transact business in Florida.	d "Application by Foreign Limited Liability C and check are submitted to register the above r
	n all correspondence concerning this matter to
	John Williams
n .	
	Agents and Corporations, Inc.
	300 Fifth Avenue South, STE 101-330
	Naples, Ft. 34102
Code	(
annual report notification)	
	r information concerning this matter, please or
1	John Williams
a Code Daytime Telephone Number	Name of Contact Person
STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2651 Executive Center Circle	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tailahassee, FL 32314
STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2651 Executive Center Circle Tallahassee, FL 32301	Name of Contact Person MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327

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: FPS CAPITAL LLC PS1 (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 "Linuted Liability Compans," "LLC," or "LLC,") (furniciation ander the law of which foreign lumited hability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penulty trability) 1 Beach Club Drive, Unit 1603 4640 Gulfstarr Drive 6. (Maining Address) 5. (Street Address of Principal Office) Miramar Beach, FL 34102 Destin, FL 32541 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Office Address:

Name:

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.

7: (Registered agent's ingnature)

Agents and Corporations, Inc.

Naples

300 Fifth Avenue South, Ste. 101-330

8. For mitial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Chris Fisher Name: Troy Peaden Name: Manager Manager Manager 16320 Neiman Road 1 Beach Club Drive, Unit 1603 Address: Member Address: _ ■ Member Overland Park, KS 66221 Mirama: Beach, FL 32550 Authorized Authorized Person Person Other_____ Other__ Other_____ Other__ Jason Shrewsbury Name: Manager Manager 14306 Woodwar Street Address: Member Address: _ ■ Member Overland Park, KS 66223 Authorized Authorized Person Person []Other_ Other ___ Other _____ Other_ Manager | Manager Member Member Authorized Authorized Person Person Other___ Other_ Other____ Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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.

Typed or printed name of signer

Troy E. Peaden

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FPS CAPITAL, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE FOURTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "FPS CAPITAL, LLC" IS A SERIES LIMITED LIABILITY COMPANY.

Authentication: 202960166

Date: 06-04-19



Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "FPS CAPITAL, LLC", FILED IN THIS OFFICE ON THE TWENTY-SEVENTH DAY OF AUGUST, A.D. 2018, AT 4:59 O'CLOCK P.M.



Authentication: 202960174

Date: 06-04-19

Nate of Delaware Necretary of State Division of Corporations Delivered 04.59 PM 08 27 2015 FILED 04.59 PM 08 27 2015 NR 20336373652 - FBC Number 7032972

CERTIFICATE OF FORMATION OF FPS Capital, LLC

The undersigned, being an authorized person for purposes of executing this Certificate of Formation on behalf of FPS Capital, LLC, a Delaware Limited Liability Company (the L.L.C.), desiring to comply with the requirements of 6 <u>Del.C.</u> Section 18-201 and the other provisions of the Delaware Limited Liability Company Act, 6 <u>Del.C.</u> Section 18-101, <u>et seq.</u> (the Act), hereby certifies as follows:

- 1. Name of the L.L.C.-The name of the LLC is FPS Capital, LLC.
- 2. Registered Office and Registered Agent of the L.L.C. The name of the registered agent for service of process on the L.L.C. in the State of Delaware is Agents and Corporations, Inc. The address of the registered agent of the L.L.C. and the address of the registered office of the L.L.C. in the State of Delaware is 1201 Orange Street, Suite 600, Wilmington, DE 19801.
- 3. <u>Date of Formation and Effective Date</u> The date of formation and the effective date of the L.L.C. shall be the date of filing of this Certificate of Formation with the Secretary of State of the State of Delaware.
- 4. <u>Series L.L.C.</u> This is a Series L.L.C. which may establish designated series of members, managers, limited liability company interests having separate rights, powers or duties with respect to specified property or obligations of the limited liability company or profits and losses associated with specified property or obligations, and, to the extent provided in the limited liability company agreement, any such series may have a separate business purpose or investment objective and/or limitation on liabilities of such series in accordance with the provisions of 6 <u>Del. C.</u> Section 18-215. Notice is hereby given pursuant to 6 <u>Del. C.</u> Section 18-215 that debts, liabilities, and obligations incurred, contracted for, or otherwise existing with respect to a particular series of the LLC, shall be enforceable against the assets of such series only and not against the assets of the LLC generally, or any other series thereof, and none of the debts, liabilities, obligations, and expenses incurred, contracted for, or otherwise existing, with respect to the LLC generally, or any other series thereof, shall be enforceable against the assets of such series.

IN WITNESS WHEREOF, the undersigned hereby executes this Certificate of Formation in accordance with the provisions of 6 <u>Del.C.</u> Section 18-201 on August 27, 2018.

Brian C. Crawford (Authorized Person)