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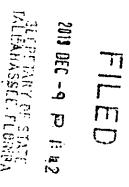
(Re	equestor's Name)					
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(Business Entity Name)						
(00	cument Number)					
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JOHN M. CARNAHAN III, LL.M., TAXATION C. BRADFORD CANTWELL, LL.M., TAXATION FRANK C. CARNAHAN, I.I. M., TAXATION JOSEPH D. SHEPPARD III. F. JULIE T. BROWN THOMAS D. PEBLES, JR. JOHN E. PRICE JENNIFER K. HUCKFELDT, LL.M., TAXATION DOUGLAS D. LEE, LL.M., TAXATION DOUGLAS D. LEE, LL.M., TAXATION

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DON G, BUSCH (RETIRED)
JOHN M, CARNAHAN, JR (1915-1998)

December 4, 2019

ANDREW K. BENNETT

JAY PRESTON

CHRISTIAAN D. HORTON 3

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

RE: Beach Biking Properties, LLC – Application for Foreign LLC Authorization

To Whom It May Concern:

Enclosed please find an Application for Foreign LLC Authorization to Transact Business in Florida on behalf of our client, Beach Biking Properties, LLC, along with our firm's check in the amount of \$130.00 for the filing fee and a Certificate of Good Standing from Missouri. Please return the letter of acknowledgement to me at the address provided in the Application. If you have any questions, please do not hesitate to contact me.

Sincerely,

Celia M. Williams

ica Hallani

Paralegal

/emw Enclosures 17654-001/845354,doc

COVER LETTER

TO:

TO:		ation Section n of Corporation	s						
SUBJI	_	ACH BIKING PI	ROPERTIES, LLC						
			Name o	f Limited Liability (Company				
The en Exister	closed "A nce, and cl	pplication by For- neck are submitted	eign Limited Liability Con I to register the above refe	npany for Authoriza erenced foreign limi	ition to Tra ted liability	ansact Business in Florida," Certificate of y company to transact business in Florida.			
Please	return all	correspondence c	oncerning this matter to th	e following:					
		JULIE T. BRO	WN, ESQ.						
]	Name of Person					
		CARNAHAN, EVANS, CANTWELL, AND BROWN, P.C.							
		Firm/Company							
		2805 S. INGRAM MILL ROAD							
	Address								
		SPRINGFIELD	. MO 65804						
			City/	State and Zip Code					
		cwilliams@cecb.	com						
	•		E-mail address: (to be us	ed for future annual	report not	ification)			
For fur	ther infor	mation concerning	g this matter, please call;						
	PATRI	CK MCGINNIS		417 at (588-74	79			
		Name o	f Contact Person	Area Code	Day	time Telephone Number			
	Division Registra P.O. Bo	n of Corporations ation Section by 6327 ssee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding ecutive Center Circle iee, FL 32301			
Enclos		eck for the follow .00 Filing Fee	ing amount: \$\Begin{align*} \Begin{align*}	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$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. BEACH BIKING PRO (Name of Foreign	PERTIES, LLC Limited Liability Company; must melude "Limite	ed Liability Comp.	sany," "L.L.C.," or "LLC."			
(If name unavailable, enter alternate in	ame adopted for the purpose of transacting business in Flo	orida. The alternate n	ame must include "Lamited La	ability Company," "L.L.C." or "LLC")		
2 MISSOURI	, , ,	3.				
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)			
4						
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration.) tine penalty liability)				
5. 26217 LAKE SHORE		6. 2621	7 LAKE SHORE DR			
(Street Address of Principal Office) LEBANON, MO 65536		(Mailing Address) LEBANON, MO 65536				
7. Name and street address	s of Florida registered agent; (P.O. Box	N <u>NOT</u> accepta	ıble)			
Name:	CT CORPORATION SYSTEM					
Office Address:	1200 SOUTH PINE ISLAND ROAD			201 FALS:		
	PLANTATION		. Florida 33324 (Zip co			
designated in this applica to comply with the provisi	gistered agent and to accept service of tion, I hereby accept the appointment a ions of all statutes relative to the proper of my position as registered agent. (Registered agent)	is registered up r and complete Nichol Mo	gent and agree to acc performance of my	d Wabitity Annpanyar the place in this capacity. I further agree diffics, and I am familiar with		
8. The name, title or capa <u>Title or Capacity:</u>	acity and address of the person(s) who have and Address:		ity to manage is/are: Capacity:	Name and Address.		
MANAGER	PATRICK MCGINNIS	ritte or	Capacity:	Name and Address:		
MANAGLK	26217 LAKE SHORE DR. LEBANON, MO 65536					
						
(Use attachments if neces:	sarv)	_				
9. Attached is a certificate jurisdiction under the law of the translator must be st	of existence, no more than 90 days old, of which it is organized. (If the certificate themitted)	duly authentic te is in a foreig	ated by the official h in language, a transla	aving custody of records in the tion of the certificate under oath		

Typed or printed name of signee

STATE OF MISSOUR



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

Beach Biking Properties, LLC LC001568110

was created under the laws of this State on the 19th day of December, 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 4th day of December, 2019.

Secretary of State

Certification Number: CERT-12042019-0138

