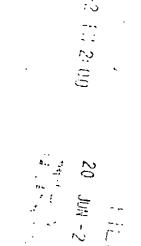
# M20000004921

	(Requestor's Name)					
	(Address)					
	(Address)					
······································	(City/State/Zip/Phone #)					
PICK-U	P WAIT	MAIL				
	(Business Entity Name)	<del> </del>				
(Document Number)						
Certified Copies	Certificates of \$	Status				
Special Instruction	s to Filing Officer;					
		WC 6/3				

Office Use Only



000345606800



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 7307702 4719707

AUTHORIZATION :

COST LIMIT : \$ 130.00

\_\_\_\_\_\_

ORDER DATE : June 1, 2020

ORDER TIME : 1:17 PM

ORDER NO. : 307702-005

CUSTOMER NO: 4719707

-----

## FOREIGN FILINGS

NAME: PLAZA STREET FUND 97, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Plaza Street Fund 97, 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:
Nora Jackson
Name of Person
Polsinelli PC
Firm/Company
900 W 48th Place, Suite 900
Address
Kansas City, MO 64112
City/State and Zip Code
njackson@polsinelli.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nora Jackson at 816 360-4154
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:  Division of Corporations  STREET ADDRESS:  Division of Corporations
Registration Section Registration Section
P.O. Box 6327  Tallahassee, FL 32314  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE
\$125.00 Filing Fee \$\int \text{\$\subseteq} \text

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE 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:

	t Fund 97, LLC					
(Name of Foreign	Limited Liability Company; must include "Limi	ted Liability Col	npany, L.L.C., or "LLC.")			
(If name may silable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The alterna	te name must include "Emited Liabi	lity Company,""	LLC," ox	r "LLC.")
<sub>2.</sub> Kansas		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 deter-	o registration.) mine penalty habili	ly)			
<sub>5.</sub> 2400 W 75th Street 6. 2400 W 75th St						
(Street Address of	·		(Mailing Addre			
Prairie Villa	ge, KS 66208	<u>Pı</u>	airie Village,	KS 66	3208	}
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		a 🙀	20			
		_		*	JUE	٠,٦
Name:	Corporation Service	Comp	<u>sa</u> ny	: / *	1-2	
Office Address:	1201 Hays Street			• •	R	ED
•e /ess.			_	; , *	ထ္	
	Tallahassee (Crity)	<u> </u>	, Florida 32301		040	
	•		·			

### 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.

Amanda Robinson, Asst. Vice President

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Plaza Street Partners, LLC Name: \_\_\_\_\_ Address: 2400 W 75th Street Member ☐ Member Address: \_\_\_\_ Prairie Village, KS 66208 □ Authorized Authorized Person Person Other Other\_\_\_ Other\_\_\_ Other\_\_\_ Manager Name: Member Address: \_\_\_\_ Member Address: \_\_\_\_\_ Authorized ☐ Authorized Person Person Other Other\_\_\_\_ Other\_ Manager Name: Manager Manager Member Address: Member Address: \_ Authorized ☐ Authorized Person Person 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. Signature of an authorized nerson

# STATE OF KANSAS OFFICE OF SECRETARY OF STATE SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 9654955

Entity Name: PLAZA STREET FUND 97. LLC

Entity Type: KANSAS LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: PLAZA STREET FUND 97. LLC

Registered Office: 2400 W 75th St. PRAIRIE VILLAGE, KS 66208

was filed in this office on May 28, 2020, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of June 01, 2020

SCOTT SCHWAB SECRETARY OF STATE

(ot) School

Certificate ID: 1138554 - To verify the validity of this certificate please visit <a href="https://www.kansas.gov/bess/flow/validate">https://www.kansas.gov/bess/flow/validate</a> and enter the certificate ID number.