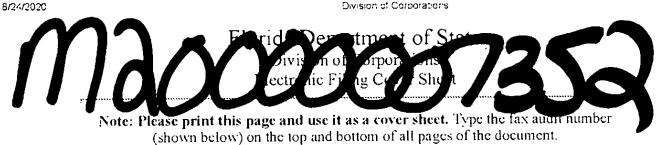
Division of Corporations



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 : (850)521-0821 Fax Number : (850)558-1515

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_____

Foreign Limited Liability Company PLAZA STREET FUND 138, LLC

Certificate of Status	0
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Help

	H2U0U0292885 3
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O: Registration Section	4
Division of Corporations	
Plana Chant Fried 100 LLC	•
Plaza Street Fund 138, LLC UBJECT:	
	Name of Limited Liability Company
he enclosed "Application by Foreign Limited Liabi existence, and check are submitted to register the ab	oility Company for Authorization to Transact Business in Florida," Certificate bove referenced foreign limited liability company to transact business in Flor
lease return all correspondence concerning this ma	atter to the following.
	Name of Person
 -	Firm/Company
	Address
	City/State and Zip Code
E-mail address:	(to be used for future annual report notification)
For further information concerning this matter, pleas	ase call
or further information concerning one matter, pres-	
	at ()Area Code Daytime Telephone Number
Name of Contact Person	Area Code Daytime Telephone Number
Martin Address	Street Address:
MIRHING AGGRESS:	Registration Section
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Registration Section	Division of Corporations

🗆 \$125.00 Filing Fee 🗎 \$130.00 Filing Fee & 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate

Certificate of Status Certified Copy

of Status & Certified Copy

H20000292885 3

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 TIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Plaza Street Fund 13			
(Name of Foreign l	Limited Liability Company, must include "Limited Liab	bility Company," "L L C ," or "LLC.")	
if name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Florida.	The alternate name must include "Limited Liability Company," "L.E.C." or "ELC	2.7)
Kansas		2	
(Jurisdiction under the law of wh	hich foreign limited liability company is organized)	3. (FEI number, if applicable)	
l,			
	(Date first transacted business in Florida, if prior to registra (See sections 605 0904 & 605 0905, F.S. to determine pen	ration) onalty liability)	
2400 W 75th Street		6	
Street Address at Principal Office)		(Mailing Address)	
Suite 220		<u> </u>	
Prairie Village, KS 66	5208		
. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box <u>NC</u>		
Name:	Corporation Service Company		
Office Address.	1201 Hays Street		•
	Tallahassee	32301	
designated in this applica to comply with the provis	gistered agent and to accept service of proc tion, I hereby accept the appointment as reg ions of all statutes reactive to the proper and	cess for the above stated limited liability company at the gistered agent one agree to act in this capacity. I furthe d complete performance of my duties, and I am familiar	er agr
ind accept the obligation	s of my position as registered agent. Corporation Service Ompany By: (Resistered agent a signal	Autre)	
		KADESHA ROBERSON, ASST. VICE	
	į,	PRESIDENT	

H20000292885 3

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	<u>:</u>	Name and Address:
≣ iManager	Name: Plaza Street Partners, LLC	□Manager	Name:	
□Member	Address: 2400 W 75th Street	□Member	Address:	
□Authorized	Suite 220	□Authorized		
Person	Prairie Village, KS 66208	Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person	<u></u>	
□Other	Other	☐Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
∐Authorized		□Authorized	 ;;	
Person		Person		<u>-</u>
□Other		□Other		☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.\$17.155, F.S.

Brot A. Cliott	_		
Signature of an authorized person			
Bret Elliott, President of Plaza Street Partners, LLC			

STATE OF KANSAS OFFICE OF SECRETARY OF STATE SCOTT SCHWAB

H20000292885 3

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: 9713116

Entity Name: PLAZA STREET FUND 138, LLC

Entity Type: KANSAS LTD LIABILITY COMPANY

State of Organization: KS

was filed in this office on August 20, 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 August 21, 2020

SCOTT SCHWAB SECRETARY OF STATE

Certificate ID: 1146010 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.