# M22000013460

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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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S. FRANKLIN AUG 2 9 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 909045 4719707

AUTHORIZATION : melle land

COST LIMIT : \$/125'.00

ORDER DATE : August 25, 2022

ORDER TIME : 8:13 AM

ORDER NO. : 909045-005

CUSTOMER NO: 4719707

ν.) ω

#### FOREIGN FILINGS

NAME: PLAZA STREET FUND 273, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

#### COVER LETTER

то:	Registration Section Division of Corporations						
SUBJ	PLAZA STREET FUND 27	3, LLC					
Name of Limited Liability Company							
The er Existe	nclosed "Application by Foreign Limince, and check are submitted to regis	ited Liability Company for Authorization to Transact Business in Florida," Certificate of ter the above referenced foreign limited liability company to transact business in Florida					
Please	return all correspondence concerning	g this matter to the following:					
Name of Person							
	<del></del> -	Firm/Company					
	900 W 48th Place - Su	ite 900					
		Address					
	Kansas City, MO 6411	2					
	•	City/State and Zip Code					
	njackson@polsinelli.com						
	E-mail a	address: (to be used for future annual report notification)					
For fu	rther information concerning this mad	eter, please call:					
	Nora Jackson	816 360.4154					
	Name of Contact						
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
		oring amount:  ORIDA DEPARTMENT OF STATE  0.00 Filing Fee &					

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

PLAZA STREET F	Limited Liability Company; must include "Limite	d Liabilit	y Company," "L.L.C	.," or "LLC.")		
(If name unavailable, enter alternate s	name adopted for the purpose of transacting business in F	lorida. The	alternate name must in	clude "Limited Liability Compa	ony," "L.L C," or "Ll.C.")	
Kansas		_				
2. (Jurisdiction under the law of which foreign limited liability company is organized)				(FEI number, :l'applicable)		
08/22/2022 4.						
· · · · · · · · · · · · · · · · · · ·	(Date first transacted business in Florida, if prior to (See sections 605,0901 & 605,0905, F.S. to determ	registratio	n.) r liability)			
2400 W 75th Street 5	Suite 220	6		Street Suite 220		
(Street Address of Principal Office)		6. (Mailing Address)			<del></del>	
PRAIRIE VILLAGE, I	S 66208	PRAIRIE VILLAGE, KS 66208				
					1022	
7. Name and street addres	s of Florida registered agent: (P.O. Box	: <u>NOT</u>	acceptable)		25	
Name:	Corporation Service Company				r., 5: 33	
Office Address:	1201 Hays Street				ယ်	
	Tallahassee		. Florida	32301		
	(City)		, riorida	(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.

Corporation Service Company

By: Clexics Walter assistent va produpt
(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: Bret Elliott Plaza Street Partners, LLC □Manager 2400 W 75th Street 2400 W 75th Street □Member Address: Address: □Member Suite 220 Suite 220 □ Authorized **■**Authorized PRAIRIE VILLAGE, KS 66208 PRAIRIE VILLAGE, KS 66208 Person Person Other\_\_\_\_ □Other\_\_\_\_ Other Other\_\_\_\_ □Manager □Manager Name: \_\_\_\_\_ □Member Address: □Member Address: []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. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

□Manager

□Member

□ Authorized

Person

☐Other\_\_

Address:

Other\_\_\_

Name:

□Other\_\_\_\_

Address:

□Manager

□Member

□ Authorized

Person

□Other

- 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 person

Bret Elliott

Typed or printed name of signee



### 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: 7743735

Entity Name: PLAZA STREET FUND 273, LLC

Entity Type: KANSAS LTD LIABILITY COMPANY

State of Organization: KS

was filed in this office on August 22, 2022, 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 25, 2022

SCOTT SCHWAB SECRETARY OF STATE

Certificate ID: 1233260 - 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.

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