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#### **COVER LETTER**

## TO: Registration Section Division of Corporations

# Summit Holdings XI, LLC

SUBJECT:

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:

| Amanda Wali                     | er  |  |  |  |  |
|---------------------------------|---|--|--|--|--|
|                                 | Name of Person  |  |  |  |  |
| Summit Hold                     | ngs XI, LLC   |  |  |  |  |
|                                 | Firm/Company  |  |  |  |  |
| 255 NW Vict                     | ria Drive, Ste A  |  |  |  |  |
|                                 | Address   |  |  |  |  |
| Lees Summit                     | MO 64086  |  |  |  |  |
|                                 | City/State and Zip Code   |  |  |  |  |
| accounting@su                   | nmitsd.com  |  |  |  |  |
|                                 | E-mail address: (to be used for future annual report notification)  |  |  |  |  |
| For further information concern | ng this matter, please call:  |  |  |  |  |
| Amanda Walker                   | 888 858-6703<br>at ( )  |  |  |  |  |
| Name                            | of Contact Person Area Code Daytime Telephone Number  |  |  |  |  |
| Mailing Address:                | Street Address:   |  |  |  |  |
| Registration Section            |   |  |  |  |  |
| Division of Corpor              | •   |  |  |  |  |
| P.O. Box 6327                   | The Centre of Tallahassee   |  |  |  |  |
| Tallahassee, FL 32              |   |  |  |  |  |
|                                 | Tallahassee, FL 32303   |  |  |  |  |
| Enclosed is a check for         | the following amount:<br>able to: FLORIDA DEPARTMENT OF STATE   |  |  |  |  |
| S125.00 Filing Fee              | □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate<br>Certificate of Status Certified Copy of Status & Certified Copy |  |  |  |  |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2022

AMANDA WALKER 255 N VICTORIA DR STE A LEES SUMMIT, MO 64086

SUBJECT: SUMMIT HOLDINGS XI, LLC Ref. Number: W22000150544

We have received your document for SUMMIT HOLDINGS XI, LLC and your check(s) totaling S125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

| Tracy L Lemieux  <br>Regulatory Specialist II | Letter Number: 522A00027161 |
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www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## 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:

, Summit Holdings XI, LLC

| (Name of Foreign                       | Limit   | d Liability Company; must include "Limited   | Liobilit                  | y Company,'       | <u>" "L.L.C.,</u> | " or "LLC."  | ')         |             |               |          |
|--|---------|--|---------------------------|-------------------|-------------------|--------------|------------|-------------|---------------|----------|
| If name unavailable, enter atternate r | пагле в | lopted for the purpose of transacting business in Fit  | rida. The                 | alternate nam     | e must incl       | ude "Limited | Liability  | Company,    | ." •LL.C,     | or "LLC. |
| Delaware<br>2                          |         |  | 3.                        | 87-1657           |                   | (FEI num     |            |             |               |          |
| (Jurisdiction under the law of w       | hich fo | reign limited liability company is organized)  |                           |                   |                   | (F£loun      | mber, if i | (pplicable) |               |          |
| 04/15/2022<br>4.                       |         |  |                           |                   |                   |              |            |             |               |          |
| - <u></u>                              | (       | Date first transacted business in Florida, if prior to r<br>See sections 605.0904 & 605.0905, F.S. to determin | egistration<br>te penalty | n.)<br>liability) |                   |              |            | -           |               |          |
| 255 NW Victoria Driv                   |         | A  | 6.                        | 255 NW            | Victoria          | a Drive, S   | te A       |             |               |          |
| Street Address of Principal Office)    |         | · · · · · · · · · · · · · · · · · · ·  |                           | (Maili            | ng Address        | 5)           |            | -           |               |          |
| Lees Summit, MO 640                    | 86      |  |                           | Lees Surr         | ımit, M           | O 64086      |            |             |               |          |
|  |         |  |                           |                   |                   |              | <b>6</b>   | -           | 20            |          |
| 7. Name and street addres              | ss of l | Florida registered agent: (P.O. Box  | <u>NOT</u>                | acceptable        | :)                |              |            | •, •        | 12 DEC 2      |          |
| Name:                                  | Cor     | poration Service Company   |                           | <u>_</u> _        |                   |              |            |             | 7 PH          |          |
| Office Address:                        | 120     | ] Hays Street  |                           |                   |                   |              |            | , OKiUZ     | 2: 0 <b>8</b> |          |
|  | Tal     | ahassee  |                           | , F               | lorida _          | 32301        |            | _           |               |          |
|  |         | (City)   |                           |                   |                   | (Zip code)   |            |             |               |          |

#### Registered agent's acceptance:

Having been named as registened 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.

By: Corporation Service Company (Reference agena'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: |
|--------------------|--------------|---------------------------|--------------------|-------------------|
| □Manager           | Name:        | omasO'Neill               | □Manager           | Name:             |
| ■Member            | 1            | 05 Peninsula Estates Lane | 🖹 Member           | Address:          |
| Authorized         |              | 3 City, MO 65686          | □Authorized        | Olathe, KS 66061  |
| Person             |              | ·                         | Person             |                   |
| Other              |              | Other                     | Other              | Other             |
|                    |              |                           |                    |                   |
| □Manager           | Kat<br>Name: | hryn Pederson             | □Manager           | Name:             |
| □Member            | Address: 1   | 4104 Bradshaw             | □Member            | Address:          |
| Authorized         | Overland F   | ark, KS 66221             | □Authorized        |                   |
| Person             |              |                           | Person             |                   |
| Other              |              |                           | Other              | Other             |
|                    |              |                           |                    |                   |
| □Manager           | Name:        |                           | □Manager           | Name:             |
| □Member            | Address:     |                           | Member             | Address:          |
| □Authorized        |              |                           | □Authorized        |                   |
| Person             |              |                           | Person             |                   |
| Dother             |              | Other                     | □Other             | 0ther             |

<u>Important Notice:</u> 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.817.155, F.S.

Signature of an authorized person

Amarda Walker

Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUMMIT HOLDINGS XI, 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 TWENTY-FIRST DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUMMIT HOLDINGS XI, LLC" WAS FORMED ON THE EIGHTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



. Du

Authentication: 205160307

Date: 12-21-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

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