

C T Corporation Syst	em	300002638633 -09/15/9801012007		
Requestor's Name 660 East Jefferson S	treet			
Address Tallahassee, FL 323	01	300002638633: -09/14/9801116005		
City State Zip	Phone	****285.00 ****285.00		
CORPORATIO	DN(S) NAME			
	CERT-8:75			
11.5.19 Property	LhC	SECH SECH SECH SECH SECH SECH SECH SECH		
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() Profit () NonProfit () Limited Liability Company	() Amendment	PM : WATER		
(2) Foreign	() Dissolution/Withdraw	val () Mark		
() Limited Partnership () Reinstatement () Limited Liability Partner	() Annual Report () Reservation	() Other COCO () Change of B.A.		
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W.P. Verifier		THANKS OF CORPORATION THOUSEY THOUSEY THOUSEY THOUSEY THOUSE THO		
CR2E031 (1-89)				

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	U.S. 19 Property, LLC	-		
c	Name of foreign limited liability company nontained in the name at present.)	oust end with the	words "limited company" or their abbrevia	ation "L.C." if not so
2.	Missouri		3. Ainplied For	
	Jurisdiction under the law of which foreign lompany is organized)	limited liability	(FEI number, if app	licable)
4.	August 31, 1998		5. December 31, 2098	8 ST 199
	(Date of Organization)		(Duration: Year limited liability comp cease to exist or "perpetual")	any will
6.	Upon qualification			PAR
7	(Date first transacted business 120 West 12th Street, Sui	•	e sections 608.501, 608.502, and 817.155,	any will PH CORPOR STATIONS
۰	120 West 12th Street, Sur	re 1000	· · · · · · · · · · · · · · · · · · ·	
_	Kansas City, MO 64105	···		
		(Street address of	of principal office)	
8. L	ist name, title, and business address of	of each managi	ng member[MGRM] or manager[M	GR]who will manage
Ļ	he foreign limited liability company in	·		decidencial and
Ļ.	NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
u		·		TITLE:
u	NAME & ADDRESS:	TITLE:		TITLE:
u	NAME & ADDRESS: Michael Gordon	TITLE:		TITLE:
	NAME & ADDRESS: Michael Gordon 60 Howard Drive	TITLE:		TITLE:
u	NAME & ADDRESS: Michael Gordon 60 Howard Drive	TITLE:		TITLE:
	NAME & ADDRESS: Michael Gordon 60 Howard Drive	TITLE:		TITLE:
	NAME & ADDRESS: Michael Gordon 60 Howard Drive	TITLE:		TITLE:
	NAME & ADDRESS: Michael Gordon 60 Howard Drive	TITLE:		TITLE:

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of U.S. 19 Propert	denose	s and says
	depose	s and sayen
1) the above named limited liability company has at least two members.		
2) the total amount of cash contributed by the member(s) is \$_100.00	. •	
3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0 A description of the property is attached and made a part hereto.	-	•
4) the total amount of cash or property anticipated to be contributed by member(s) is \$ 0 This total includes amounts from 2 and 3 above.		· · · · · · · · · · · · · · · · · · ·
5) the total amount of cash or property anticipated to be contibuted by member(s) is \$ 100.	00	

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Signature of a member or authorized representative of a member.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 608.507, FLORIDA STATUTES UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEME

DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

1. The name of the limited liability company is:

U.S. 19 Property, LLC

2. The name and address of the registered agent and office is:

CT Corporation System

(Name)

1200 South Pine Island Road
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Plantation, FL 33324

(City/State/Zip)

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature) 9-14-98
(Date)

CONNIC BRYAIN SPECIAL ASSISTANT SECRETARY

Filing Fee: \$ 35 for Designation of Registered Agent

STATE OF MISSOURI

98 SEP 14 PH 1:1

Rebecca McDowell Cook Secretary of State

CERTIFICATE OF GOOD STANDING
LIMITED LIABILITY COMPANY

I, REBECCA McDOWELL COOK, 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

U.S. 19 PROPERTY, LLC

WAS FILED IN THIS OFFICE ON THE 4TH DAY OF SEPTEMBER, 1998,
BECAME EFFECTIVE ON THE 4TH DAY OF SEPTEMBER, 1998, AND IS IN
GOOD STANDING, HAVING FULLY COMPLIED WITH ALL REQUIREMENTS
OF THIS OFFICE.

IN TESTIMONY WHEREOF, I HAVE SET MY HAND AND IMPRINTED THE GREAT SEAL OF THE STATE OF MISSOURI, ON THIS, THE 10TH DAY OF SEPTEMBER, 1998.

Secretary of State

