

M23000003814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

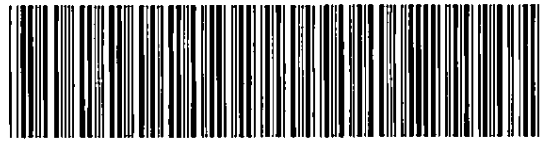
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APPROVED
AND
FILED

MAR 25 2023

< Brumby

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

IN COMPLIANCE WITH SECTION 605.0402 FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. KILLEEN RENTALS, LLC
(Name of Foreign Limited Liability Company must include "Limited Liability Company" or "LLC" or "L.L.C.")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company" or "LLC" or "L.L.C."

2. STATE OF MISSOURI 3. 454093418
(State of Foreign Limited Liability Company's principal office) (Foreign Identification Number)

4. 02/02/2023
Date first non-qualified business activity commenced in Florida
(See section 605.0402(1)(b)3, FS, to determine periodic activity)

5. 602 N. FRANKLIN 6. 602 N. FRANKLIN
Principal Office (Foreign) (Foreign Office)
CUBA, MO 65453 CUBA, MO 65453

7. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)

Name: ROGER KILLEEN
Office Address: 9227 ASTONIA WAY
ESTERO Florida 33967

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APPROVED AND FILED

Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated limited liability company in 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.

[Signature] (Registered agent's signature)

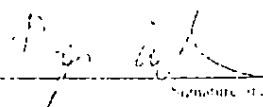
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total].

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
Manager	Name: REBECCA DOYLE	Manager	Name: _____
Member	Address: 602 N. FRANKLIN	Member	Address: _____
Authorized Person	CUBA, MO 65453	Authorized Person	_____
Other	Other: _____	Other	Other: _____
Manager	Name: _____	Manager	Name: _____
Member	Address: _____	Member	Address: _____
Authorized Person	_____	Authorized Person	_____
Other	Other: _____	Other	Other: _____
Manager	Name: _____	Manager	Name: _____
Member	Address: _____	Member	Address: _____
Authorized Person	_____	Authorized Person	_____
Other	Other: _____	Other	Other: _____

Important Notice: Use an attachment to report more than six (6). The attachment will be indexed 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 817.135, F.S.



Signature of an authorized person

ROGER KILLEEN

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

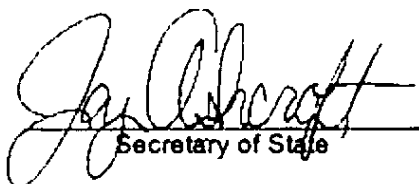
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

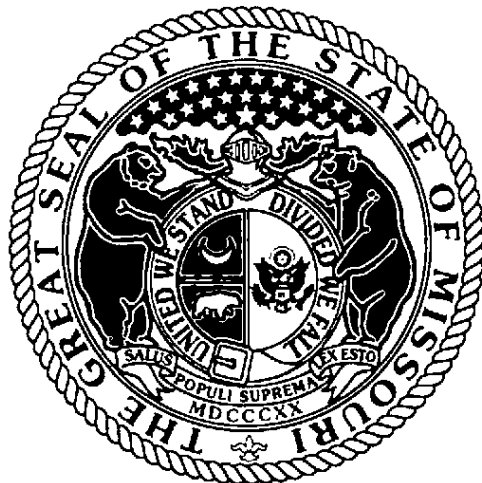
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Killeen Rentals LLC
LC1190572

was created under the laws of this State on the 20th day of December, 2011, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 2nd day of February, 2023.


Secretary of State



Certification Number: CERT-02022023-0038