

F 14 0000001197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

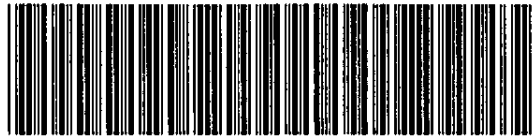
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Market Synergy Group, Inc.

\_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Brenda Anthony

\_\_\_\_\_  
Name of Person

Central Licensing Bureau

\_\_\_\_\_  
Firm/Company

1501 N University, Suite 550

\_\_\_\_\_  
Address

Little Rock, AR 72207

\_\_\_\_\_  
City/State and Zip code

jason@marketsynergy.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenda Anthony - Central Licensing Bureau at (501) 664-8044

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

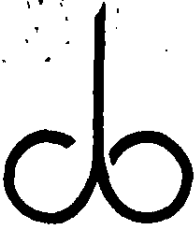
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee       \$78.75 Filing Fee & Certificate of Status       \$78.75 Filing Fee & Certified Copy       \$87.50 Filing Fee, Certificate of Status & Certified Copy



**Central Licensing Bureau, Inc.**

1501 NORTH UNIVERSITY  
SUITE 550  
LITTLE ROCK, ARKANSAS 72207-5271  
[www.centrallicensingbureau.com](http://www.centrallicensingbureau.com)  
(501) 664-8044  
FAX - (501) 664-6182

BILL WOODYARD  
President

March 6, 2014

State of Florida  
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find the necessary documents to qualify **Market Synergy Group, Inc.** for the authority to conduct business in your state.

I trust this letter and the enclosed documents/fees place them in compliance with your state statutes. If any further action is required, please do not hesitate to contact me.

Thank you for your consideration in this filing.

Sincerely,

Brenda Anthony  
Corporate Qualification Division

/bsa

Enclosures

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Market Synergy Group, Inc.  
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Kansas 3. 46-4449789  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/27/2013 5. Perpetual  
 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification  
 (Date first transacted business in Florida, if prior to registration)  
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1414 SW Ashworth Place, Topeka, KS 66604  
 (Principal office address)  
1414 SW Ashworth Place, Topeka, KS 66604  
 (Current mailing address)

8. The business of insurance functioning as a non-resident insurance agency.  
 (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: NRAI Services, Inc.  
 Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
 (City) (Zip code)

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**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

NRAI Services, Inc.  
 By: Janet Infuand, ASST. SECTY.  
 (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Mark Heitz

Address: 1414 SW Ashworth, Topeka, KS 66604

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Lance Sparks

Address: 1414 SW Ashworth, Topeka, KS 66604

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Lance Sparks

Address: 1414 SW Ashworth, Topeka, KS 66604

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Lance Sparks, President/Director

(Typed or printed name and capacity of person signing application)

**STATE OF KANSAS  
OFFICE OF  
SECRETARY OF STATE  
KRIS W. KOBACH**

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 7627508

Entity Name: MARKET SYNERGY GROUP, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

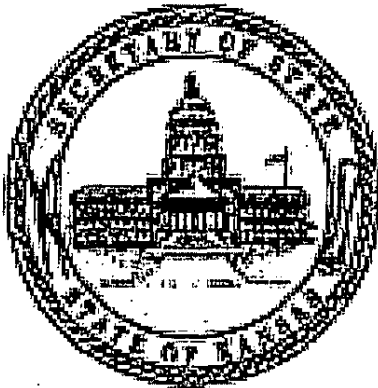
State of Organization: KS

Resident Agent: NATIONAL REGISTERED AGENTS, INC. OF KS

Registered Office: 2101 SW 21ST STREET, TOPEKA, KS 66604

was filed in this office on December 27, 2013, 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 February 18, 2014

*Kris W. Kobach*

**KRIS W. KOBACH  
SECRETARY OF STATE**

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Certificate ID: 599862 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.