

M16000003947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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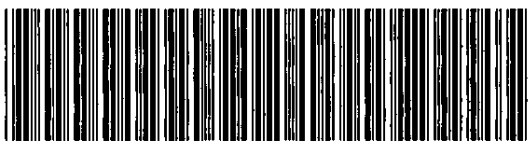
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5/18/16

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ad Astra Information Systems, LLC  
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:

Sue Hickerson  
Name of Person

Ad Astra Information Systems, LLC  
Firm/Company

6900 W 80<sup>th</sup> St, Suite 300  
Address

Overland Park KS 66204  
City/State and Zip Code

shickerson@aais.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Sue Hickerson at ( 913 ) 652-4113  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1. Ad Astra Information Systems, L.L.C.  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

2. Kansas 3. 48-1177176  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 5/1/2016  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6900 W 80th Street, Suite 300  
Overland Park Ks 66204  
(Street Address of Principal Office)

6. 6900 W 80th Street, Suite 300  
Overland Park Ks 66204  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: Capitol Corporate Services, Inc  
Office Address: 155 Office Plaza Dr, Suite A  
Tallahassee, Florida 32301  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

William Case, asst. sec.  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  
Thomas Shaver Partner + CEO  
6900 W 80th St, Suite 300  
Overland Park, Ks 66204

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)

[Signature]  
Signature of an authorized person

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.

Thomas Shaver  
Typed or printed name of signee

**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: 2313476

Entity Name: AD ASTRA INFORMATION SYSTEMS, L.L.C.

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

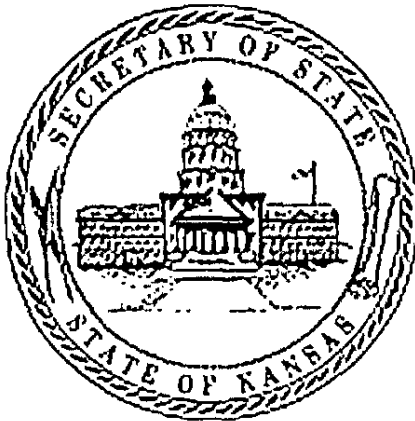
Resident Agent: SPENSERV, INC.

Registered Office: 9401 Indian Creek Parkway Building 40, Suite 700, OVERLAND PARK, KS 66210

was filed in this office on December 04, 1995, 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.

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16 MAY 17 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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 May 10, 2016

**KRIS W. KOBACH  
SECRETARY OF STATE**

Certificate ID: 798506 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.