

# F030000004799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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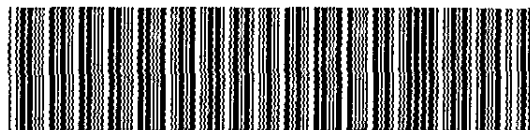
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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IMA of Kansas, Inc.  
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign ~~Inc~~ for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Patrice Downing  
(Name of Person)

IMA of Kansas, Inc.  
(Firm/Company)

P.O. Box 2992  
(Address)

Wichita, KS 67201-2992  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Patrice Downing at ( 316 ) 266-6319  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration 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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 17, 2003

PATRICE DOWNING  
IMA OF KANSAS INC  
P.O. BOX 2992  
WICHITA, KS 67201-2992

SUBJECT: IMA OF KANSAS, INC.  
Ref. Number: W03000026584

We have received your document for IMA OF KANSAS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

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) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 203A00051546

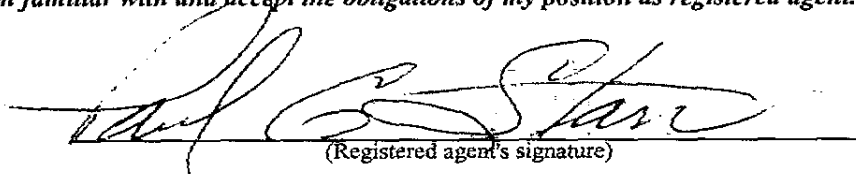
**APPLICATION BY FOREIGN ~~INCORPORATED~~ FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN ~~INCORPORATED~~ FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:

1. IMA of Kansas, Inc.  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Kansas 3. 48-1123642  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/16/1992 5. perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(Date corporation first conducted Affairs in Florida - See sections 607.1501, 607.1502, and 817.155, F.S.)
7. none  
(Principal office address)  
P.O. Box 2992, 250 N. Water, Suite 600, Wichita, KS 67201-2992  
(Current mailing address)
8. Commercial insurance brokerage  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)  
Name: Paul G. Starr  
Office Address: 8600 Cedar Hammock Circle # 1311  
Naples Florida 34112 - 3364  
(City) (Zip Code)

**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.*

  
(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 addresses of officers and/or directors:

A. DIRECTORS

Chairman: W.C. Cohen, Jr.

Address: 250 N. Water, Suite 600, Wichita, KS 67201-2992

Vice Chairman:

Address:

Director: Joseph C. Lukens, II

Address: 250 N. Water, Suite 600, Wichita, KS 67201-2992

Director: Michael D. Lynch

Address: 250 N. Water, Suite 600, Wichita, KS 67201-2992

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Kurt D. Watson

Address: 250 N. Water, Suite 600

Wichita, KS 67201-2992

Vice President: James E. Sloan

Address: 250 N. Water, Suite 600

Wichita, KS 67201-2992

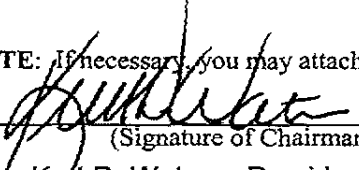
Secretary: SueAnn V. Schultz

Address: 250 N. Water, Suite 600, Wichita, KS 67201-2992

Treasurer: Michael D. Lynch

Address: 250 N. Water, Suite 600, Wichita, KS 67201-2992

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

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Kurt D. Watson, President

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

**STATE OF KANSAS  
OFFICE OF  
SECRETARY OF STATE  
RON THORNBURGH**

*To all to whom these presents shall come, Greetings:*

I, RON THORNBURGH, Secretary of State of the state of Kansas,  
do hereby certify that, according to the records of this office,

IMA OF KANSAS, INC.

KANSAS FOR PROFIT CORPORATION

Business Entity ID Number: 2017770

was filed in this office on December 16, 1992 and has complied with the  
applicable provisions of the laws of the State of Kansas and on this date is in  
good standing and authorized to transact business or to conduct its affairs  
within this state.

Dated: 09/08/2003

**For Validation:**

Certificate ID: **5450**

To validate this certificate, visit the following  
web site, enter this certificate ID, then follow  
the instructions displayed.

<https://www.accesskansas.org/businessentity/validate.html>



Signed:

RON THORNBURGH  
SECRETARY OF STATE

SECRETARY OF STATE  
MILAN T. TORRES

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