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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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W07-27853

B. McKnight JUN 2 6 2007



Karen L. Lane (816) 691-2436 klane@stinson.com www.stinson.com

1201 Walnut, Suite 2900 Kansas City, MO 64106-2150

Tel (816) 842-8600 Fax (816) 412-1235

June 22, 2007

Florida Secretary of State Divisions of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re:

Xcellence, Inc.

Dear Sir/Madam:

Enclosed for filing please find an Application by Foreign Corporation for Authorization to Transact Business in Florida for the above referenced entity.

Payment for this filing has been previously submitted.

If you have any questions, please do not hesitate to contact us.

Very truly yours,

STINSON MORRISON HECKER LLP

RECEIVED

07 JUN 26 PM 12: 00

DEPARTMENT OF STATE

DIVISION OF CORPORATIONS TALLAHASSEE, EL OPIDA

Karen L. Lane

Paralegal Assistant

Enclosure

KANSAS CITY
OVERLAND PARK
WICHITA
WASHINGTON, D.C.
PHOENIX
ST. LOUIS
OMAHA
IEFFERSON CITY

COVER LETTER

Division of Corporations	
SUBJECT: Xcellence, Inc.	
	ration - must include suffix)
Dear Sir or Madam:	
	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to
Please return all correspondence concerning this ma	atte: to the following:
Karen L. Lane	
(Nam	ne of Person)
Stinson Morrison Hecker LLP	
(Firm	n/Company)
1201 Walnut Street, Suite 2900	
(/	Address)
Kansas City, Missouri 64106	
(City/St	ate and Zip code)
For further information concerning this matter, plea	ase call:
Karen L. Lane at (81	6 ₁ 691-2436
	rea 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:	
\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy



June 12, 2007

KAREN L LANE 1201 WALNUT STREET SUITE 2900 KANSAS CITY, MO 64106

SUBJECT: XCELLENCE, INC. Ref. Number: W07000027853

We have received your document for XCELLENCE, 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 name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return the original and one copy of 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) 245-6931.

Becky McKnight Document Specialist New Filing Section

Letter Number: 007A00039525

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. Xcellence,	Inc.				
(Enter name of co	rporation; must include "INCORPORATE rp," "Inc," "Co," or "Corp ")	D,	"COMPANY," "CORPORATION,"		
inc, "Co., "Co	rp, inc, Co, or Corp)				
Xact Da	ata Discovery, Inc.				
	ble in Florida, enter alternate corporate nam	ne	adopted for the purpose of transacting business i	n Florida)	
2. Missouri		3.			
(State or country u	nder the law of which it is incorporated)		(FEI number, if applicable)		
4. August 1, 1		_{5.} Perpetual			
	of incorporation)		(Duration: Year corp will cease to exist or "pe	rpetual")	
6. January 1,					
	(Date first transacted busines (SEE SECTIONS 607.1501 & 607	s ir !.15	n Florida, if prior to registration) 602, F.S., to determine penalty liability)		
7, 1221 Bricke	ell Avenue, Suite 1160 Mia	am	ni, FL 33131		
· · · · · · · · · · · · · · · · · · ·	(Principal office a	ddı	ress)		
1221 Bricke	ell Avenue, Suite 1160 Mia	am	ni, FL 33131		
	(Current mailing a	ıddı	ress)		
₈ Litigation S	Support Services				, C
	of corporation authorized in home state or	co	untry to be carried out in state of Florida)		
9. Name and street	address of Florida registered agent: (F	P.C	Box NOT acceptable)	至	E ≥
Name:	Capitol Corporate Service	98	ANILIE TOTAL	SSE SKI	26 F
Office Address:	1201 Hays Street		···	15 S. 35	
	Tallahassee		, Florida 32301		⊈် သ
	(City)		(Zip code)	٠ مد	
10. Registered ag		eni.	ce of process for the above stated corporation	nn at the pla	co
designated in this	application, I hereby accept the appoir	utn	ent as registered agent and agree to act in	this capacity). I
	mply with the provisions of all statute: with and accept the obligations of my		elative to the proper and complete performa sition as registered agent	ince of my d	uties,
anu i um jamuaa	win and accept me vongations of my	μυ.	silon us registered agent.		
ſ	N 11 0				
\tilde{q}	fyr M. Camedongo				
•	(Registered agent's signatur	re)	•		

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:	Z R R	07.	
A. DIRECTORS	是		
Chairman: Robert Polus	NSSH.	26	
Address: 5800 Foxridge Drive, Suite 406			
Mission, Kansas 66202	SIAT SIAT	ယ	
Vice Chairman: David Moran			
Address:			
Robert Polus	-		
Director.			
Address: 5800 Foxridge Drive, Suite 406			
Mission, Kansas 66202		· · · · · · · · · · · · · · · · · · ·	
Director: David Moran			··
Address: 8903 Heatherton Ridge Road			
Savage, MN 55378			
B. OFFICERS			
President: Robert Polus			
Address: 5800 Foxridge Drive, Suite 406			
Mission, Kansas 66202			
Vice President: Barbara Amos			
Address: 5800 Foxridge Drive, Suite 406	-		
Mission, Kansas 66202			
Secretary:			
Address:			
Treasurer:			
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or	r director	rs.	
13. (Signature of Director or Officer listed in number 12 of the application)			
(Signature of Director or Officer listed in number 12 of the application) 14 Robert Polus Pres.			
(Typed or printed name and capacity of person signing application)			

STATE OF MISSOURI



Robin Carnahan Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

XCELLENCE, INC. 00399266

was created under the laws of this State on the 1st day of August, 1994, 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 5th day of June, 2007

Secretary of State

Certification Number: 9774586-1 Reference: 803937-0001

Verify this certificate online at http://www.sos.mo.gov/businessentity/verification

