

F08000001790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200123947462

FILED

08 APR 21 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/21/08--01043--021 **70.00

28 Apr 2008 7:17
4287

**HUSCH
BLACKWELL
SANDERS**
LLP

Lynda S. Fraza, ACP, Advanced Certified Paralegal
DIRECT (417) 268-4025 · FAX (417) 268-4040 · Lynda.Fraza@huschblackwell.com
901 ST. LOUIS STREET, SUITE 1900 · SPRINGFIELD, MO 65806
www.huschblackwell.com

April 18, 2008

VIA FEDERAL EXPRESS

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

Re: Ascension Insurance Services, Inc.
Our File No. 60010-3

Dear Sir or Madam:

Enclosed for filing please find an Application by Foreign Corporation for Authorization to Transact business in Florida, a Certificate of Existence from the State of Delaware, and a check in the amount of \$70.00 for the filing fee. Please return the proof of filing to my attention at the above address.

Thank you for your attention. Should you have any questions, please contact me.

Sincerely,



Lynda S. Fraza, ACP
Advanced Certified Paralegal

LSF
Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Ascension Insurance Services, 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," 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:

Lynda S. Fraza, ACP

(Name of Person)

Blackwell Sanders LLP

(Firm/Company)

901 St. Louis, Suite 1900

(Address)

Springfield, MO 65806

(City/State and Zip code)

For further information concerning this matter, please call:

Lynda S. Fraza

(Name of Person)

at (417) 268-4025

(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

FILED
08 APR 21 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. Ascension Insurance Services, 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. Delaware

(State or country under the law of which it is incorporated)

3. 26-1441725

(FEI number, if applicable)

4. November 15, 2007

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 2/21/08

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

7. 87 E. Green St., Suite 206, Pasadena, CA 91101

(Principal office address)

2345 Grand Blvd., #610, Kansas City, MO 64108

(Current mailing address)

8. 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:

Capitol Corporate Services, Inc.

Office Address:

155 Office Plaza Dr. Ste A

Tallahassee

(City)

Florida 32301

(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.

Dellanie Case, asst. sec.

(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.

Feb 25 2008 10:50AM HP LASERJET P1102

FAX 816 842 1352

P. 5

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

A. DIRECTORS

Chairman: Leonard P. Kline, Jr.Address: 2345 Grand Blvd., #610
Kansas City, MO 64108

Vice Chairman: _____

Address: _____

Director: Jonathan GradAddress: 2345 Grand Blvd., #610
Kansas City, MO 64108Director: Andrew DodsonAddress: 2345 Grand Blvd., #610
Kansas City, MO 64108

B. OFFICERS

President: Leonard P. Kline, Jr.Address: 2345 Grand Blvd., #610
Kansas City, MO 64108

Vice President: _____

Address: _____

Secretary: Leonard P. Kline, Jr.Address: 2345 Grand Blvd., #610, Kansas City, MO 64108

Treasurer: _____

Address: _____

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Leonard P. Kline, Jr., CEO/President

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

FILED
08 APR 21 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDAFILED
08 APR 21 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASCENSION INSURANCE SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF MARCH, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASCENSION INSURANCE SERVICES, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF NOVEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FILED
11 08 APR 21 PM 2:32
SECRETARY OF STATE
DELAWARE

4458447 8300

080342718



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 6467542

DATE: 03-21-08