

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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**To:**

Division of Corporations  
Fax Number : (850) 617-6381

**From:**

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION  
SPECTRUM BUSINESS VENTURES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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DIVISION OF CORPORATIONS  
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*8/20/13*

**COVER LETTER**

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

**SUBJECT:** Spectrum Business Ventures, 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:

Thomas B. Schlipper

Name of Person

McDowell, Rice, Smith & Buchanan, P.C.

Firm/Company

605 W. 47th St., Suite 350

Address

Kansas City, MO 64112

City/State and Zip code

tschlipper@mcdowellrice.com

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

For further information concerning this matter, please call:

Thomas B. Schlipper at (816) 960-7371

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

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**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. Spectrum Business Ventures, 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**

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

**3. 27-0001713**

(FBI number, if applicable)

**4. February 7, 2002**

(Date of incorporation)

**5. Perpetual**

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

**6. N/A**

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

**7. 420 Nichols Road, Suite 205, Kansas City, MO 64112**

(Principal office address)

**420 Nichols Road, Suite 205, Kansas City, MO 64112**

(Current mailing address)

To engage in the business of purchasing real properties, rehabilitating  
properties and selling properties as owner investor and to engage in such

**8. ~~other acts and activities as are allowable under the Kansas General~~**  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  
**Corporation Code.**

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

Name: **C T Corporation System**

Office Address: **1200 S. Pine Island Road**

**Plantation**

(City)

**, Florida**

**33324**

(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.*

*Katherine Lackey*

(Registered agent's signature)  
Katherine Lackey-Ass't. Sec.

**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.**

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

A. DIRECTORS

Chairman: Amit Raizada

Address: 420 Nichols Road, Suite 205, Kansas City, MO 64112

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

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

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

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

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

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

B. OFFICERS

President: Amit Raizada

Address: 420 Nichols Road, Suite 205, Kansas City, MO 64112

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

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

Secretary: Amit Raizada

Address: 420 Nichols Road, Suite 205, Kansas City, MO 64112

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

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, P.S.

14. Amit Raizada, President

(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: 3278553

Entity Name: SPECTRUM BUSINESS VENTURES, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: AMIT RAIZADA

Registered Office: 11210 W 59, SHAWNEE, KS 66203

was filed in this office on February 07, 2002, 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 August 02, 2013

**KRIS W. KOBACH  
SECRETARY OF STATE**

Certificate ID: 582886 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.

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