

14000001140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

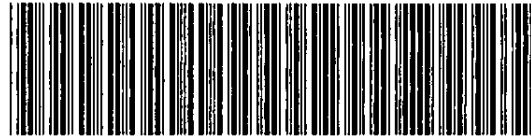
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700256911417

03/03/14--01007--003 **70.00

FILED
14 MAR 12 PM 4:22
CLERK OF STATE
TALLAHASSEE, FLORIDA

1114-13994

MD 3/13

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MEARA WELCH BROWNE, P.C.

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:

JULIE A. WELCH

Name of Person

MEARA WELCH BROWNE, P.C.

Firm/Company

2020 WEST 89TH STREET, SUITE 300

Address

LEAWOOD, KS 66206-1947

City/State and Zip code

julie@meara.com

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

For further information concerning this matter, please call:

Julie A. Welch

Name of Person

at (816) 561-6868

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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|---|---|



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2014

JULIA A. WELCH
MEARA WELCH BROWNE, P.C.
2020 WEST 89TH STREET, SUITE 300
LEAWOOD, KS 66206-1947

SUBJECT: MEARA WELCH BROWNE, P.C. (PROFESSIONAL
CORPROATION)
Ref. Number: W14000013994

We have received your document for MEARA WELCH BROWNE, P.C.
(PROFESSIONAL CORPROATION) 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 only acceptable words for designation as a professional association are
PROFESSIONAL ASSOCIATION, P.A., and CHARTERED.

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) 245-6052.

Maryanne Dickey
Regulatory Specialist II

Letter Number: 114A00004731

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. MEARA WELCH BROWNE, P.C., P.A.
(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. MISSOURI 3. 43-1618427
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/14/1992 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. PROJECTED MARCH 2014
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1239 ORANGE COURT, MARCO ISLAND, FL 34145-2325
(Principal office address)
2020 WEST 89TH STREET, LEAWOOD, KS 66206-1947
(Current mailing address)

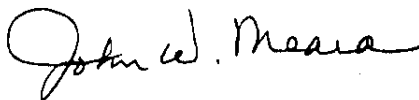
8. RENDER PROFESSIONAL SERVICES OF THE TYPE RENDERED BY CERTIFIED PUBLIC ACCOUNTANTS AND OTHER SERVICES ANCILLARY THERETO
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: JOHN W. MEARA
Office Address: 1239 ORANGE COURT
MARCO ISLAND, Florida 34145-2325
(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: JOHN W. MEARA

Address: 1239 ORANGE COURT
MARCO ISLAND, FL 34145-2325

Vice Chairman: JULIE A. WELCH

Address: 2020 WEST 89TH STREET, SUITE 300
LEAWOOD, KS 66206-1947

Director: STEPHEN W. BROWNE

Address: 2020 WEST 89TH STREET, SUITE 300
LEAWOOD, KS 66206-1947

Director: _____

Address: _____

B. OFFICERS

President: JOHN W. MEARA

Address: 1239 ORANGE COURT
MARCO ISLAND, FL 34145-2325

Vice President: JULIE A. WELCH

Address: 2020 WEST 89TH STREET, SUITE 300
LEAWOOD, KS 66206-1947

Secretary: JULIE A. WELCH

Address: 2020 WEST 89TH STREET, SUITE 300, LEAWOOD, KS 66206-1947

Treasurer: STEPHEN W. BROWNE

Address: 2020 WEST 89TH STREET, SUITE 300, LEAWOOD, KS 66206-1947

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

13. _____

Julie A. Welch

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, F.S.

14. JULIE A. WELCH, VICE PRESIDENT

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

STATE OF MISSOURI



14 MAR 12 PM 4:22
RECEIVED
STATE
ALFRED SEED, FLORENCE

Jason Kander
Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

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

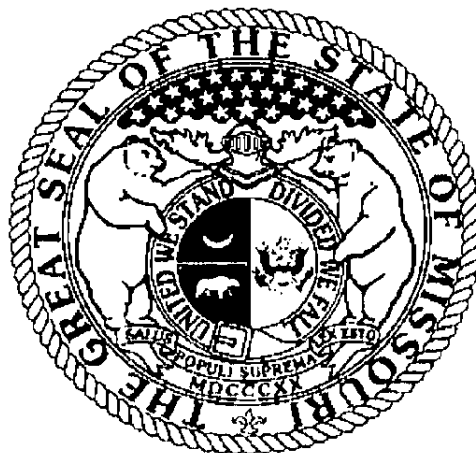
MEARA WELCH BROWNE, P.C.
P00371371

was created under the laws of this State on the 24th day of September, 1992, 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 25th day of February, 2014

A handwritten signature in cursive script, reading "Jason Kander", is written over a horizontal line.

Secretary of State



Certification Number: 15922151-1 Reference.

Verify this certificate online at <https://www.sos.mo.gov/businessentity/soskb/verify.asp>