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Florida Department of State
Division of Corporations
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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) 205-8842
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

E.D.P.E of Florida, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

RECEIVED
15 MAY 14 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 14 AM 10:50

MAY 15 2015

T. SCOTT

Electronic Filing Menu

Corporate Filing Menu

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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. E.D.P.E. of Florida, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "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. 47-3964737

(FBI number, if applicable)

4. May 7, 2015

(Date of incorporation)

5. Perpetual

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

6.

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

7. 11827 West 112th Street, Suite 101, Overland Park, Kansas 66210

(Principal office address)

11827 West 112th Street, Suite 101, Overland Park, Kansas 66210

(Current mailing address)

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

Name: **CT Corporation System**

Office Address: **1200 South Pine Island Road**

Plantation

(City)

Florida **33324**

(Zip code)

9. 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.

Cathi J. Wall

Cathi J. Wall, Asst Secretary

(Registered agent's signature)

10. 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.

15 MAY 14 AM 10:50

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: **John Palmer**

Address: **11827 West 112th Street, Suite 101**

Overland Park, KS 66210

Director: _____

Address: _____

B. OFFICERS

President: **John Palmer**

Address: **11827 West 112th Street, Suite 101**

Overland Park, KS 66210

Vice President: _____

Address: _____

Secretary: **Mark Crow**

Address: **11827 West 112th Street, Suite 101, Overland Park, Kansas 66210**

Treasurer: **John Palmer**

Address: **11827 West 112th Street, Suite 101, Overland Park, Kansas 66210**

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

12. _____

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.

13. **Mark Crow, Secretary**

(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: 7958812

Entity Name: E.D.P.E. OF FLORIDA, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: REGISTERED AGENT KANSAS, LTD.

Registered Office: 11827 W 112th Street Suite 101, OVERLAND PARK, KS 66210

was filed in this office on May 07, 2015, 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 May 14, 2015

**KRIS W. KOBACH
SECRETARY OF STATE**

Certificate ID: 666650 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.