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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

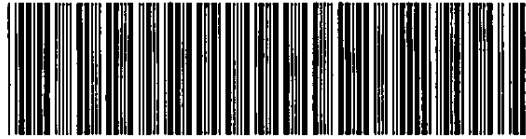
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 03 2015
J SHIVERS

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.

Great Plains Technical Services, Inc.

1. _____
(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. 43-1636876 _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/01/1993 _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 06/08/2015 _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6580 W 95th Street, Overland Park, KS 66212 _____
(Principal office address)

104 Boxwood Lane, Rotonda West, Florida, 33947 _____
(Current mailing address, if different)

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


Name: Lynne Jack _____

Office Address: 104 Boxwood Lane _____
Rotonda West _____, Florida 33947 _____
(City) (Zip code)

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TALLAHASSEE FLORIDA

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.



(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.

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

A. DIRECTORS

Chairman: Michael Jack
Address: 6580 W 95th Street
Overland Park, KS 66212

Vice Chairman: Michael Jack
Address: 6580 W 95th Street
Overland Park, KS 66212

Director: Michael Jack
Address: 6580 W 95th Street
Overland Park, KS 66212

Director: _____
Address: _____

B. OFFICERS

President: Michael Jack
Address: 6580 W 95th Street
Overland Park, KS 66212

Vice President: _____
Address: _____

Secretary: Michael Jack
Address: 6580 W 95th Street, Overland Park, KS 66212

Treasurer: _____
Address: _____

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DEPARTMENT OF STATE
TOLSON (S) E. L. CRID

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 11 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. Michael Jack President
(Typed or printed name and capacity of person signing application)

STATE OF MISSOURI



Jason Kander
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

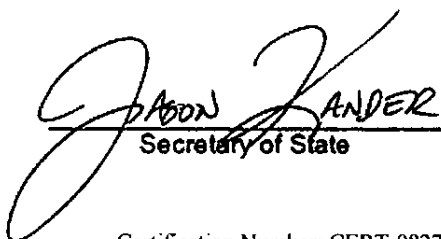
I, JASON KANDER, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

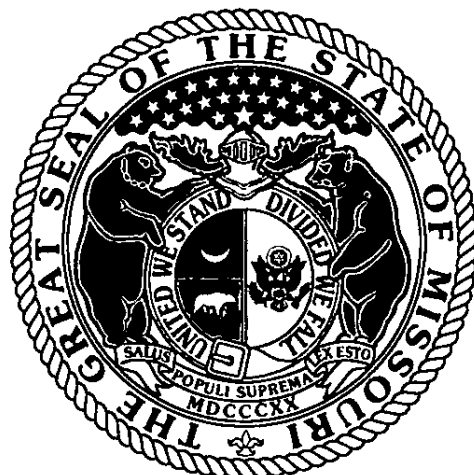
Great Plains Technical Services, Inc.
00382163

was created under the laws of this State on the 14th day of June, 1993, and is in good standing, having fully complied with all requirements of this office.

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SECRETARY OF STATE
ASST. SECRETARY OF STATE
ASST. SECRETARY OF STATE
ASST. SECRETARY OF STATE

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 27th day of August, 2015.


Secretary of State



Certification Number: CERT-08272015-0003