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# Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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(((H15000259844 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (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.\*\*

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### FOREIGN PROFIT/NONPROFIT CORPORATION TAFS PERMIUM FINANCE, INC

Certificate of Status	
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

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Corporate Filing Menu

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: TAFS Premium Finance, Inc	,	
	of corporation	n - must include suffix
Dear Sir or Madam;		••
The enclosed "Application by Foreign C "Certificate of Existence," or "Certificat above referenced foreign corporation to	e of Good Sta	r Authorization to Transact Business in Piorida," unding" and check are submitted to register the less in Piorids.
Please return all correspondence concern	ing this matte	er to the following:
Josh Goodo		
	Name of	Person
TAFS Premium Finance, Inc		
	Firm/Cor	npany
15910 S. 169 Highway	-	·
	Addı	988
Olathe, KS 66062		
	City/State	and Zip code
jgoode@tafs.com		• • • • • • • • • • • • • • • • • • • •
E-mall address	: (to be used	for future annual report notification)
For further information concerning this m	atter, please	cail;
Suzie Williams	····	
Name of Person	Alva Cod	e Daytime Telephone Number
STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	St	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amo	unt:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Cartificate o		\$78,75 Filing Fee & Certified Copy  \$87.50 Filing Fee, Certified Copy  Certified Copy

#### 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.

, ,	Corp, " "[no," "Co," or "Corp.")	·	
(If name unaval	able in Piorida, enter alternate corporale name ad	opted for the purpose of transacting business in Florid	ia)
Kansas	3. 4	47-5296257 /	
(State or count	ry under the law of which it is incorporated)	(PBI number, if applicable)	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
15910 S. 169 Hig	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 hway, Olatho, KS 66062		
15910 S. 169 Hig	(SBB SECTIONS 607.1501 & 607.1502 hway, Olatho, KS 66062		
15910 S. 169 Hig	(SBB 8BCTIONS 607.1501 & 607.1502 hway, Olatha, KS 66062 (Principal	, F.S., to determine penalty liability)	Strar
	(SBB 8BCTIONS 607.1501 & 607.1502 hway, Olatha, KS 66062 (Principal	office address)  address, if different)	Siterra-
	(SBE SECTIONS 607.1501 & 607.1502 hway, Olathe, KS 66062 (Principal (Current mailing of	office address)  address, if different)	
Name and stre	(SBB SECTIONS 607.1501 & 607.1502 hway, Olathe, KS 66062  (Principal  (Current mailing out address of Florida registered agent: (P.O. 1	office address)  address, if different)	2
Name and stree	(SBB SECTIONS 607.1501 & 607.1502 hway, Olatho, KS 66062  (Principal  (Current mailing of taddress of Florida registered agent: (P.O. 1)  C T Corporation System	office address)  address, if different)  Box NOT acceptable)	

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.

C T Corporation System

4 Lagular Michael Seraphin Asst. Secretary

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,

A. DIRECTORS  Chairman: (CBO) John Ja	eobson, Jr.	•
Address: 15910 8, 169 H	hway Olathe KS 66062	
•		
Addross:		
Director:		
Address:	• .	
B. OFFICERS		SEC.
President: Russ McBlfiott		
	hway, Olathe, KS 66062	
Vice President:		
Address:		
Jeoretary:		
Address:	- Company of the Comp	
Treasurer:		
Address:		
OTE: If necessary, you	may attach an addendum to the application listing addition	nal officers and/or directors.
2. ( from		
re true and that he or she	Signature of Director or Officer ning this document (and who is listed in number 11 above) is aware that false information submitted in a document to ovided for in s.817.155, F.S.	
3. Russ McBillott, Preside		

# 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: 8084709

Entity Name: TAFS PREMIUM FINANCE, INC

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: SBLSG REGISTERED AGENT, LLC

Registered Office: 9300 W 110th Street Suite 200, OVERLAND PARK, KS 66212

was filed in this office on October 06, 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 October 28, 2015

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 722168 - To verify the validity of this certificate please visit <a href="https://www.kansas.gov/bess/flow/validate">https://www.kansas.gov/bess/flow/validate</a> and enter the certificate ID number.