# F76000001844

(Requestor's Name)						
(Address)						
(Ad	dress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
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SECRETARY OF STATES
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FLORIDA DEPARTMENT OF STATE 29 **Division of Corporations** 

March 17, 2016

MICHELLE GRUNER 2820 ROE LANE, SUITE A KANSAS CITY, KS 6610

SUBJECT: SAVANT CORPORATION

Ref. Number: W16000019158

We have received your document for SAVANT CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The name designated in your document is unavailable since it is the same as or not distinguishable from the name of a voluntarily dissolved business entity. This name is not available for the assumption or use by another entity for 120 days after the effective date of the dissolution. The dissolved business entity may provide the Department of State with an affidavit or letter, releasing the name for use to you and affirming they have no intention of revoking the dissolution or you may adopt an alternate name for use in Florida. If you choose to adopt an alternate name, please enter that name in the space provided in number one of the application.

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) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 816A00005260



## 2016 APR 20 AM 11: 28 FLORIDA DEPARTMENT OF STATE PROPERTY OF STATE OF

April 1, 2016

MICHELLE GRUNER 2820 ROE LANE, SUITE A KANSAS CITY, KS 6610

SUBJECT: SAVANT CORPORATION

Ref. Number: W16000019158

We have received your document for SAVANT CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 816A00005260

#### **COVER LETTER**

TO:	Registration Se Division of Cor						
OUDI	SAVANT	CORPORATION					
SUBJECT:Name of corporation - must include suffix							
Dear S	Sir or Madam:						
"Certif	ficate of Existenc		f Good Stan	Authorization to Transa ding" and check are su ss in Florida.			
	return all corresp lle Gruner	oondence concerning	g this matter	to the following:			
<del></del>			Name of I	Person	5	2 3	_
Savant	Corporation					ਲੇ 	
			Firm/Com	pany		: 20	
2820 R	toe Lane, Suite A					20	ί ("Υ"
	•		Addre	SS	7.1	===	
Kansas	City, KS 6610-15	560				- F	
			City/State ar	nd Zip code	3.		
michgi	ru@1-800radiator.c		<i>(</i>	6.4	A <sup>†</sup> E <sup>A</sup> A <sup>†</sup> · ·		_
		E-mail address:	(to be used i	or future annual report	notification)		
For fur	ther information	concerning this ma	tter, please c	all:			
Michel	lle Gruner		913 t (	788-8080			
***************************************	Name of Perso		Area Code	Daytime Telep	phone Number	_	
	STDEET/COL	IDIED ADDDESS.		MAIL INC.	ADDDESS.		
STREET/COURIER ADDRESS: Registration Section			MAILING ADDRESS: Registration Section				
Division of Corporations Clifton Building			Division of Corporations P.O. Box 6327				
2661 Executive Center Circle			Tallahassee, FL 32314				
	Tallahassee, FL	. 32301					
Enclos	ed is a check for	the following amou	nt:				
<b>\$</b> \$70	0.00 Filing Fee	☐ \$78.75 Filing Certificate of		\$78.75 Filing Fee & Certified Copy	S87.50 Filion Certificate Certified C	of Statu	s &

### 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.		orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,	,,			
	-SA-VANT-COR	poration. Radicular Depot o	of Florida, Inc				
	(If name unavaila	able in Florida, enter alternate corporate name add	opted for the purpose of transacting	business in Florida)			
2.	KANSAS	3.	0-4789238				
4.	(State or country under the law of which it is incorporated) (FEI number, 04/04/2006		(FEI number, if app				
6.	nan perpetual)						
7.	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) , 2820 ROE LANE, SUITE A, KANSAS CITY, KS 66103-1560						
(Principal office address)				17.EE			
		(Current mailing	address, if different)	F1 20			
8.	Name and stree	et address of Florida registered agent: (P.O.  CT Corporation System	Box NOT acceptable)	PER T			
Office A	ffice Address:	1200 S Pine Island Rd	<del></del>	§ 5 2			
		Plantation	33324 , Florida				
		(City)	(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.

Jenifer Vincent
Vice President & Assistant Secretary

(Registered agent's signature)

10. Attached is a pertificate 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: \_\_ Address: \_\_ Vice Chairman: Address: Address: \_\_\_\_ **B. OFFICERS** Brian Gruner President: 25505 W. 75th Street Address: \_ Shawnee, KS 66227 Michelle Gruner Vice President: 25505 W. 75th St Address: Shawnee, KS 66227 Secretary: \_\_\_ Address: \_\_ Brian Gruner Treasurer: 25505 W. 75th Street, Shawnee, KS 66227 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Michelle Gruner V ヤ (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: 3919750

**Entity Name: SAVANT CORPORATION** 

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: CLIFFORD A. COHEN

Registered Office: 4601 COLLEGE BLVD STE 200, LEAWOOD, KS 66211

was filed in this office on April 04, 2006, 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 March 29, 2016

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 783186 - 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.