

F16000003674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

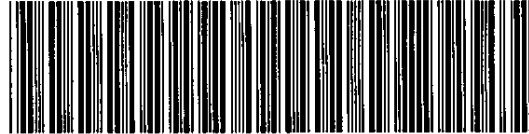
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 AUG 15 A 11:10A  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

S Warren

AUG 17 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 2, 2016

DEBRA MOOTZ  
P.O. BOX 39  
MISSION, KS 66201

SUBJECT: ITEDIUM, INC.  
Ref. Number: W16000053525

We have received your document for ITEDIUM, INC. 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.

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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 316A00016219

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** iTEDIUM, Inc.

\_\_\_\_\_  
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:

Debra Mootz

\_\_\_\_\_  
Name of Person

iTEDIUM, Inc.

\_\_\_\_\_  
Firm/Company

PO BOX 39

\_\_\_\_\_  
Address

Mission, KS 66201

\_\_\_\_\_  
City/State and Zip code

accounting@itedium.com

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

For further information concerning this matter, please call:

Debra Mootz

at ( 913 ) 499-4869

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration 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 &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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.*

1. iTEDIUM, Inc.  
(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. Kansas 3. 48-1244306  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 04/01/2001 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. n/a  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 6717 Shawnee Mission Parkway, Overland Park, KS 66202  
(Principal office address)
- PO Box 39, Mission KS 66201  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: NRAI Services, Inc.
- Office Address: 1200 South Pine Island Road
- Plantation, Florida 33324  
(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.*

NRAI Services, Inc.

By: \_\_\_\_\_

(Registered agent's signature)

Jenifer Vincent

Vice President & Assistant 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.

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

**A. DIRECTORS**

Chairman: Robert Meyers

Address: PO Box 39  
Mission, KS 66201

Vice Chairman: Cathryn Scivicque

Address: PO Box 39  
Mission, KS 66201

Director: Kurt Huffman

Address: PO Box 39  
Mission, KS 66201

Director: Andrew Hiss

Address: 14900 161st Street  
Bonner Springs, KS 66012

**B. OFFICERS**

President: Robert Meyers

Address: PO Box 39  
Mission, KS 66201

Vice President:

Address:

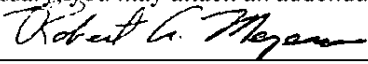
Secretary: Robert Meyers

Address: PO Box 39, Mission KS 66201

Treasurer:

Address:

**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. Robert Meyers

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

FILED  
JUN 15 A 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# iTEDIUM, Inc.

## Board of Directors and Officers

### **Directors:**

Robert Meyers, PO Box 39, Mission KS 66201

Cathryn Scivicque, PO Box 39, Mission KS 66201

Kurt Huffman, PO Box 39, Mission KS 66201

Andrew Hiss, 14900 161<sup>st</sup> Street, Bonner KS 66012

David Feachen, 14800 Quorum Drive, Suite 540, Dallas TX 75254

### **Officer:**

Robert Meyers - President, Secretary

FILED  
2015 JUN 15 AM 11:10  
SECRETARY OF STATE  
TREASURY FLORIDA

**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: 3006707

Entity Name: ITEDIUM, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: NATIONAL REGISTERED AGENTS, INC. OF KS

Registered Office: 112 SW 7th Street Suite 3C, TOPEKA, KS 66603

was filed in this office on April 17, 2001, 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 August 09, 2016

**KRIS W. KOBACH  
SECRETARY OF STATE**

Certificate ID: 836046 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.