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**F17000137849**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

((H17000137849 3)))

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H17000137849 3)))



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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC  
Account Number : I20120000007  
Phone : (702) 866-2500  
Fax Number : (702) 866-2689

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: documents@incorp.com

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
7 MAY 22 AM 9:41

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Veracity Consulting, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	08
Estimated Charge	\$70.00

2017 MAY 22 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 23 2017

**S. YOUNG**

((H17000137849 3)))

Electronic Filing Menu

Corporate Filing Menu

Help

(((H17000137849 3)))

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Veracity Consulting, 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:

Danielle Littlejohn

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Parkway Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip code

documents@incorp.com

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

For further information concerning this matter, please call:

<u>Danielle Littlejohn</u>	at ( <u>702</u> )	<u>866-2500</u>
Name of Person	Area Code	Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAY 22 AM 9:41

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

(((H17000137849 3)))

**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. Veracity Consulting, 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**

(State or country under the law of which it is incorporated)

**3.**

(FEI number, if applicable)

**4. September 13, 2006**

(Date of incorporation)

**5.**

**Perpetual**

(Date of duration, if other than perpetual)

**6. Upon registration**

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

**7. 15621 W. 87th Street, #195, Lenexa, KS 66219**

(Principal office address)

(Current mailing address, if different)

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

Name: **InCorp Services, Inc.**

Office Address: **17888 67th Court North**

**Loxahatchee**

(City)

, Florida

**33470**

(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.*



Danielle Littlejohn on behalf of InCorp Services, Inc.

(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.**

(((H17000137849 3)))

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAY 22 AM 9:41

(((H17000137849 3)))

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Angela HurtAddress: 5830 Constance St.Shawnee, KS 66216

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**President: Angela HurtAddress: 5830 Constance St.Shawnee, KS 66216

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Angela HurtAddress: 5830 Constance St., Shawnee, KS 66216Treasurer: Angela HurtAddress: 5830 Constance St., Shawnee, KS 66216**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.12. Angela Hurt

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. Angela Hurt, President

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

(((H17000137849 3)))

5/19/2017

Kansas.gov - KanPay: The Payment Portal

**STATE OF KANSAS**  
**OFFICE OF**  
**SECRETARY OF STATE**  
**KRIS W. KOBACH**

(((H17000137849 3)))

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: 6126544

Entity Name: VERACITY CONSULTING, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: ANGELA S. HURT

Registered Office: 5830 Constance, SHAWNEE, KS 66216

was filed in this office on September 13, 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.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAY 22 AM 9:41



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 19, 2017

**KRIS W. KOBACH**  
**SECRETARY OF STATE**

Certificate ID: 953378 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.

(((H17000137849 3)))

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City/State and Zip code  
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Danielle Littlejohn	at ( 702 )	866-2500
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:

- ☒ \$70.00 Filing Fee    
 ☐ \$78.75 Filing Fee & Certificate of Status    
 ☐ \$78.75 Filing Fee & Certified Copy    
 ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

(((H17000137849 3)))

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

(((H17000137049 3)))

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(State or country under the law of which it is incorporated)

**3.**

(FEL number, if applicable)

**4. September 13, 2006**

(Date of incorporation)

**5.**

**Perpetual**

(Date of duration, if other than perpetual)

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Danielle Littlejohn on behalf of InCorp Services, Inc.

(Registered agent's signature)

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(((H17000137849 3)))

FILED  
STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
17 MAY 22 AM 9:41

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((H17000137849 3))

**A. DIRECTORS**

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Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Angela Hurt

Address: 5830 Constance St.

Shawnee, KS 66216

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Angela Hurt

Address: 5830 Constance St.

Shawnee, KS 66216

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Angela Hurt

Address: 5830 Constance St., Shawnee, KS 66216

Treasurer: Angela Hurt

Address: 5830 Constance St., Shawnee, KS 66216

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12. Angela Hurt

Signature of Director or Officer

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13. Angela Hurt, President

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

((H17000137849 3))



5/19/2017

Kansas.gov - KanPay: The Payment Portal

**STATE OF KANSAS**  
**OFFICE OF**  
**SECRETARY OF STATE**  
**KRIS W. KOBACH**

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Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

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Registered Office: 5830 Constance, SHAWNEE, KS 66216

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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 19, 2017

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**SECRETARY OF STATE**

Certificate ID: 953378 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.

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