

Division of Corporations
 Florida Department of State
 Division of Corporations
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To: Division of Corporations
 Fax Number : (850)617-6383

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Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Polsinelli PC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 17 |
| Estimated Charge | \$78.75 |

*Requested original date of Rec. as
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M. MILLIGAN

MAR 07 2019

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Help



February 18, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORP

SUBJECT: POLSINELLI PC
REF: W19000016041

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Florida law does not provide for the recognition of a foreign professional corporation. An acceptable corporate suffix will need to be added to your entity name for this Department to accept and file your document.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

FAX Aud. #: H19000046461
Letter Number: 519A00003445

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. Polsinelli PC

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Polsinelli PC (Inc)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Missouri

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

3. 43-1064260

(FEI number, if applicable)

4. January 12, 1976

(Date of incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6.

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

7. 900 West 48th Place, Suite 900, Kansas City, Missouri 64112

(Principal office address)

(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.

James M. Halpin (Signature)

James M. Halpin

Assistant Secretary

(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.

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

A. DIRECTORS

Chairman: Attached is complete list of all the officers and directors.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

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. F. Chase Simmons, President/CEO

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

**ATTACHMENT
TO
Florida Foreign Corporation Authorization to Transact Business

Polsinelli PC
2018-2019 Officers and Directors**

Principal Officers (Eff. 1-1-2019):

| | |
|---|--|
| President/ CEO: F. Chase Simmons | 900 W.48 th Place, Suite 900, Kansas City, MO 64112 |
| Director/ Secretary: Frank J. Ross, Jr. | 900 W.48 th Place, Suite 900, Kansas City, MO 64112 |
| Treasurer/ Vice President: William J. Sanders | 900 W.48 th Place, Suite 900, Kansas City, MO 64112 |

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FLORIDA

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STATE OF MISSOURI



John R. Ashcroft
Secretary of State

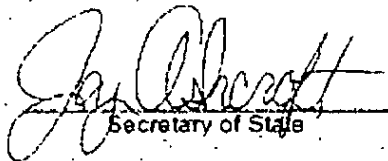
CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

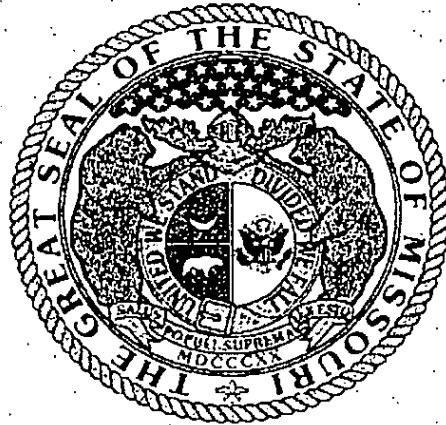
I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

Polsinelli PC
P00180828

was created under the laws of this State on the 12th day of January, 1976, and is in good standing, having fully complied with all requirements of this office.

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 5th day of February, 2019.


Secretary of State



Certification Number: CERT-02052019-0085