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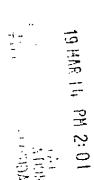
(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
(Br	usiness Entity Name	e)	
(Document Number)			
Certified Copies	Certificates o	of Status	
Special Instructions to	Filing Officer:	. . !	

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19 MAR IN AM 6: 13
SECRETARY OF STATE
SECRETARY OF STATE



K. SALY MAR 14 2019 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 120000000195

REFERENCE : 684750 4719707

AUTHORIZATION : FILE STATE S

FOREIGN FILINGS

NAME: THRULINE MARKETING, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO:	Registration Se Division of Co					
		NE MARKETING	INC			
SUBJ	ECT:	. <u>.</u>	<u>-</u>			
		Name	of corporation	on - mu	st include suffix	
Dear S	ir or Madam:					
"Certif	icate of Existent		e of Good St	anding'	' and check are sub	ct Business in Florida," omitted to register the
Please	return all corres	pondence concern	ning this mat	er to th	e following:	
Nora Ja	·	•	-		_	
	· · · · · · · · · · · · · · · · · · ·		Name o	f Perso	<u></u> n	
Polsine	elli PC			110150	•	
		<u> </u>	Firm/Co	mpany	<u> </u>	· · · · · · · · · · · · · · · · · · ·
900 W	48th Place, Suite	900				
			Ado	ress	· ·	
Kansas	City, MO 64112					
			City/State	and Zi	p code	-
scott.w	est@thru-line.com	1				
		E-mail addres	ss: (to be use	for fu	ture annual report	notification)
For fur	ther information	concerning this	matter, please	call:		
Nora Ja	ackson		816	36	50-4154	
	Name of Perso	on	at (ode	Daytime Telep	hone Number
	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FI	rporations g : Center Circle	SS:		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
Enclose	ed is a check for	the following am	iount:			
□ \$70	.00 Filing Fee	□ \$78.75 Filir Certificate			.75 Filing Fee & tified Copy	S87.50 Filing Fee, Certificate of Status & 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.

Kansas	ble in Florida, enter alternate corporate name ad		
03/21/1997		(FEI number, if app	
(Date 03/01/19	of incorporation) 5	(Date of duration, if other th	an perpetual)
7			
LENEXA, KS 66	219		ESE T
	(Current mailing	address, if different)	THE SE
8. Name and stree Name:	t address of Florida registered agent: (P.O. Corporation Service Company	Box <u>NOT</u> acceptable)	SEE, FLOR
Office Address:	1201 Hays Street		DP 3
	Tallahassee	32301 , Florida	
	(City)	(Zip code)	

Corporation Service Company
Asst. Vice President

(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.

11. Names and business addresses of officers and/or directors:	19 MAR 14 AM & 13
A. DIRECTORS	MAR 14
Steve Isaac Chairman:	TALLARETADE AM & 12
15500 W. 113th Street, Suite 200 Address:	ALLAMASSEE FLORIDE
LENEXA, KS 66219	ORIDA:
Vice Chairman:	
Address:15500 W. 113th Street, Suite 200	
LENEXA, KS 66219	
Michael McHugh Director:	
Address: 15500 W. 113th Street, Suite 200	
LENEXA, KS 66219	
Director:	
Address:	
B. OFFICERS	
Michael McHugh President:	
Address:	
LENEXA, KS 66219	
Justin Gill Vice President:	
Address: 15500 W. 113th Street, Suite 200	
LENEXA, KS 66219	-
Scott West Secretary:	
Address:15500 W. 113th Street, Suite 200, LENEXA, KS 66219	
Bryan Griffin Treasurer:	
15500 W. 113th Street, Suite 200, LENEXA, KS 66219 Address:	
NOTE: If necessary you may attack an attachment to the application listing addition to the application application to the application and the application application application application and the application application application and the application applicat	onal officers and/or directors.
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above	e) affirms that the facts stated herein
are true and that he or she is aware that false information submitted in a document t a third degree felony as provided for in s.817.155, F.S.	· •
Scott R. West, General Counsel and Corporate Secretary	

STATE OF KANSAS OFFICE OF SECRETARY OF STATE SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 2463941

Entity Name: THRULINE MARKETING, INC.

Entity Type: KANSAS FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: THRULINE MARKETING, INC.

Registered Office: 15500 W 113th Street Suite 200, LENEXA, KS 66219

was filed in this office on March 21, 1997, 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 14, 2019

SCOTT SCHWAB SECRETARY OF STATE

Certificate ID: 1095852 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.

