

F1900000/426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

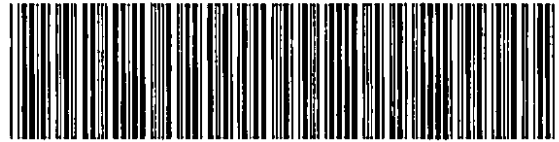
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2019 MAR 11 PM 2:18
TALLAHASSEE, FLORIDA

FILED

325-19
325-19

COVER LETTER

TO: Registration Section
Division of Corporations
Medicare Medicaid Advisors USA Inc

SUBJECT: _____
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:
Melissa Anderson

Name of Person
Medicare Medicaid Advisors USA Inc

Firm/Company
9800 Metcalf Avenue Suite 100

Address
Overland Park, KS 66212

City/State and Zip code
melissa@askmma.com

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

For further information concerning this matter, please call:

Darci Fleming 913 649-0300

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

**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.*

Medicare Medicaid Advisors USA Inc

1. _____

(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)

Kansas

82-1356287

2. _____ 3. _____

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

(FEI number, if applicable)

04/28/2017

4. _____ 5. _____

(Date of incorporation)

(Date of duration, if other than perpetual)

6. 1/1/2018 _____

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

9800 Metcalf Avenue Suite 100 Overland Park, KS 66212

7. _____

(Principal office address)

(Current mailing address, if different)

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

CT Corporation System

Name: _____

1200 South Pine Island Road

Office Address: _____

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.

CT Corporation System

(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.

FILED
2019 MAR 11 PM 2:18
CLERK OF THE
SOLICITOR GENERAL
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

N/A

Chairman: _____

Address: _____

N/A

Vice Chairman: _____

Address: _____

N/A

Director: _____

Address: _____

N/A

Director: _____

Address: _____

B. OFFICERS

Melissa Anderson

President: _____

9800 Metcalf Avenue Suite 100

Address: _____

Overland Park, KS 66212

Vice President: _____

Address: _____

Kirk Anderson

Secretary: _____

9800 Metcalf Avenue Suite 100 Overland Park, KS 66212

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Melissa A Anderson

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.

Melissa Anderson President

13. _____

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

FILED
2019 MAR 11 PM 2:18
CLERK OF THE COURT
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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: 8652729

Entity Name: MEDICARE MEDICAID ADVISORS USA, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: MELISSA ANDERSON

Registered Office: 9800 Metcalf Suite 100, OVERLAND PARK, KS 66212

was filed in this office on April 28, 2017, 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 04, 2019

SCOTT SCHWAB
SECRETARY OF STATE

Certificate ID: 1094874 - 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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Kansas 82-1356287

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(State or country under the law of which it is incorporated) (FEI number, if applicable)
04/28/2017

4. _____ 5. _____
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6. 1/1/2018
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
9800 Metcalf Avenue Suite 100 Overland Park, KS 66212

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: CT Corporation System
1200 South Pine Island Road

Office Address: _____
Plantation 33324
_____, Florida _____
(City) (Zip code)

9. Registered agent's acceptance:

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CT Corporation System
(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.

FILED
2018 MAR 11 PM 2:18
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

N/A

Chairman: _____

Address: _____

N/A

Vice Chairman: _____

Address: _____

N/A

Director: _____

Address: _____

N/A

Director: _____

Address: _____

B. OFFICERS

Melissa Anderson

President: _____

9800 Metcalf Avenue Suite 100

Address: _____

Overland Park, KS 66212

Vice President: _____

Address: _____

Kirk Anderson

Secretary: _____

9800 Metcalf Avenue Suite 100 Overland Park, KS 66212

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB

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State of Organization: KS

Resident Agent: MELISSA ANDERSON

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