(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: 6/29 Pace Ved Corrected Paperwork WC					
6/29c					

Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp	orations					
SUBJECT:	out Look	Apartm	must include suffix	•		
	Name o	of corporation -	must include suffix	<u> </u>		
Dear Sir or Madam:						
The enclosed "Application of Existence above referenced foreign	," or "Certificate	of Good Standi	ing" and check are su			ι, ''
Please return all correspo	ondence concernii	ng this matter to	o the following:			
John O'	CONNOR					
		Name of Po	erson			
John O' Outlook 4417	Aparty	nents Firm/Comp	Inc.			
4417	W. 5	4 TH TEN	LRALZ			
_		Addres	S	· .		
RosL	ND PARI	K, KANS	4s			
		City/State and	l Zip code	_		
OCONN	or. J3@	gmail.	com future annual report			<u></u>
	E-mail address:	(to be used for	r future annual report	notification)	20	
For further information of	oncerning this ma	atter, please cal	1:		ر. آڏي	
John O'Conno	ĸ	at (81 G	2/3-523	38 phone Number	29	177 1
John O'Conno Name of Person		Area Code	Daytime Tele	phone Number		$\ddot{\circ}$
STREET/COUI Registration Sec	RIER ADDRESS		MAILING A	ADDRESS:	94:4	
Division of Corp The Centre of Ta			Division of C P.O. Box 633	•		
	Street, Suite 810		Tallahassee,			
Enclosed is a check for the Please make check payable \$70.00 Filing Fee		PARTMENT C	OF STATE 578.75 Filing Fee &	□ \$87.50 F	ilino F	ice
	Certificate o		Certified Copy	Certifica Certifica	ite of S	status &

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. Outlook Apartments 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. 4/8-1092383
(FEI number, if applicable) 4. December 12 1990 5. (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) W. 54 TH TERRACE ROELAND PARK, KANSAS 46205
(Principal office street address) (Current mailing address, if different) 8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) John O'Connor

808 FreeLing Derve

SARASOTA Florida 34242 F.

(City) (Zip code) Office Address:

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.

(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A: DIRECTORS							
□ Chairman	Name: John O'CONNOR	□Chairman	Name:				
□Vice Chairman	Address: 1055 W. SYTH Staret	□Vice Chairman	Address:				
□Director	KANSAS City, MO. 64112	□Director					
President		□President					
□Vice President		□ Vice President					
Secretary	□Treasurer	☐ Secretary	□Treasurer				
Other	Other	□Other					
_							
□ Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director	<u> </u>				
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	□Secretary	☐Treasurer 20				
Other	Other	□Other					
Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□ Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	Treasurer	□Secretary	Treasurer				
□Other	Other	Other	Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 of 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	Tohn O'Connor (Typed or printed name and capacity of person		A)				
(Typed or printed name and capacity of person signing application)							

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: 1766765

Entity Name: OUTLOOK APARTMENTS, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: JOHN O'CONNOR

Registered Office: 4417 W 54th Terr, ROELAND PARK, KS 66205

was filed in this office on December 21, 1990, 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 April 30, 2020

SCOTT SCHWAB
SECRETARY OF STATE

(ot) School

Certificate ID: 1135926 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 12, 2020

JOHN O'CONNOR OUTLOOK APARTMENTS, INC. 4417 W 54TH TERRACE ROELAND PARK, KS 66205 US

SUBJECT: OUTLOOK APARTMENTS, INC.

Ref. Number: W20000046493

We have received your document for OUTLOOK APARTMENTS, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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

6/29 Received Corrected Paperwork WC

Laura D Chang Regulatory Specialist II

Letter Number: 020A00009631