# F21000002888

(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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### Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

### **ORDER FORM**

Florida Department of State
The Centre of Tallahassee

2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com

850.656.7953

**REQUEST DATE** 5/26/21

(PRIORITY)

Routine

OUR REF\_#\_(Order\_ID#) Zvjezdana

ORDER ENTITY, Eaglebrook Advisors, Inc.

PLEASE	PERFORM	THE FOLL	.OWING	<b>SERVICES:</b>

Eaglebrook Advisors, Inc.

Please file the attached articles and provide a certified copy.

NOTES:

\$78.75 Authorized

Email address for annual report reminders:/cking@eaglebrookadvisors.com

### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## 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.

Eaglebrook Adv	visors, Inc.						
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp,")	<del>)," "</del>	COMPANY," "CORPORATIO	N."			
(If name unavaila	able in Florida, enter alternate corporate nam	e ado	opted for the purpose of transactir	ng busine	ss in Flo	orida)	
Delaware		3 83-4669906					
(State or country under the law of which it is incorporated)		· —	(FEI number, if applicable)				
4. April 29, 2019							
(Date of incorporation)		′· —	(Date of duration, it other than perpetual)				
May 10, 2021							
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.	in F 1502	lorida, if prior to registration) , F.S., to determine penalty liabil	ity)			
7	<u> </u>	ffice	street address)				
1111 Brickell Av	re., 10th FL Miami, FL 33131		desirent,				
	(Current mai	ing a	iddress, if different)				
	et address of Florida registered agent: (P	.O. I	Box <u>NOT</u> acceptable)		2021 MAY 26	· <del></del>	
Name:					95	; = [25 ; r	
Office Address:	1540 Glenway Drive		<del></del>		:>	() <sup>1</sup>	
	Tallahassee		. Florida 32301	<b>+</b>	.io:		
	(City)		(Zip code)		ဒ္		

### 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.

### DocuSign Envelope ID: 518F6C63-852E-48A9-A122-50D4F897847A

#### A. DIRECTORS. Name: \_\_\_\_ Christopher King Michael Alfred ☐ Chairman □Chairman 11508 Twining Lane Potomac, MD 20854 1650 Wewatta St. #2103 □Vice Chairman Address: \_ □Vice Chairman Address: Denver, CO 80202 Director ■ Director President □President □Vice President □ Vice President □ Secretary □Treasurer □Treasurer □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_\_ □Other \_\_\_\_\_ Martin Bicknell □ Chairman □ Chairman Name: \_\_\_\_\_ 5700 w 112TH ST | Suite 500 Overland Park, Kansas 66211 □ Vice Chairman Address: \_\_\_\_\_ □Vice Chairman Address: Director □ Director □President □ President □Vice President \_\_\_\_\_ ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary □Treasurer □Other \_\_\_\_\_\_ ☐Other \_\_\_\_\_ Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman Name: \_\_\_\_ □ Chairman Name: □Vice Chairman Address: □ Vice Chairman Address: □ Director Director □ President □President □Vice President \_\_\_ ☐ Vice President □Treasurer ☐ Secretary □ Secretary □Treasurer □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. Christopher king 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.

Christopher King



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EAGLEBROOK ADVISORS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EAGLEBROOK

ADVISORS, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF APRIL,

A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203297437

Date: 05-26-21