

F21000006996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

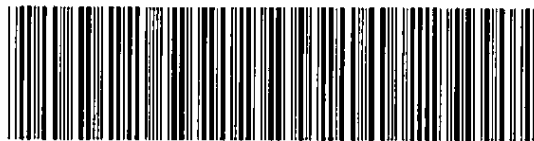
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600377211766

12/07/21--01022--006 \*\*828.75

APPROVED  
AND  
FILED  
2021 DEC -7 AM 8:46  
RECEIVED  
2021 DEC -7 PM 1:50  
SECRETARY OF STATE/ALLAHABAD, INDIA  
TALAHABAD, INDIA

DEC 07 2021

K. Brumbley

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 12/7/2021**

**NAME: 911 DATAMASTER, INC**

**TYPE OF FILING: APPLICATION**

**COST: 750.00 + 78.75 = 828.75 - CHECK IS ATTACHED**

**RETURN: PLAIN COPY AND GOOD STANDING PLEASE**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

---

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 911 Datamaster, Inc.

\_\_\_\_\_  
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:

Kelly Krehbiel

\_\_\_\_\_  
Name of Person

911 Datamaster, Inc.

\_\_\_\_\_  
Firm/Company

7500 College Blvd. Ste 500

\_\_\_\_\_  
Address

Overland Park, KS 66210

\_\_\_\_\_  
City/State and Zip code

Kellyk@911datamaster.com

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

For further information concerning this matter, please call:

Kelly Krehbiel

at ( 913 ) 221-4731

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee &    ☐ \$78.75 Filing Fee &    ☐ \$87.50 Filing Fee.

**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. 911 Datamaster, 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 3. 48-115390

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

(FEI number, if applicable)

4. April 21st, 1994

5.

(Date of incorporation)

(Date of duration, if other than perpetual)

6. 1/1/2016

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

7. 7500 College Blvd. Ste 500 Overland Park, KS 66210

(Principal office street address)

(Current mailing address, if different)

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

Name: Kelley Strickland

Office Address: 8146 8th St.

Laurel Hill

(City)

, Florida 32567

(Zip code)

APPROVED  
AND  
FILED  
2021 DEC -7 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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.*

*Kelley M. Strickland*

(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: Lyle Krehbiel  
6101 W. 137th St.  
☐Vice Chairman Address: \_\_\_\_\_  
☐Director Overland Park, KS 66223  
☐President \_\_\_\_\_  
☐Vice President \_\_\_\_\_  
☐Secretary ☐Treasurer  
☐Other \_\_\_\_\_ ☐Other \_\_\_\_\_

☐Chairman Name: James Shepard  
133 Ridge Line Dr.  
☐Vice Chairman Address: \_\_\_\_\_  
☐Director Austin, TX 78737  
☐President \_\_\_\_\_  
☒Vice President \_\_\_\_\_  
☐Secretary ☐Treasurer  
☐Other \_\_\_\_\_ ☐Other \_\_\_\_\_

☐Chairman Name: Babu Cherian  
18721 Travis Ln  
☐Vice Chairman Address: \_\_\_\_\_  
☐Director Stilwell, KS 66085  
☐President \_\_\_\_\_  
☒Vice President \_\_\_\_\_  
☐Secretary ☐Treasurer  
☐Other \_\_\_\_\_ ☐Other \_\_\_\_\_

☐Chairman Name: Scott Krehbiel  
24203 W. 50th St.  
☐Vice Chairman Address: \_\_\_\_\_  
☐Director Shawnee, KS 66226  
☒President \_\_\_\_\_  
☐Vice President \_\_\_\_\_  
☐Secretary ☐Treasurer  
☐Other \_\_\_\_\_ ☐Other \_\_\_\_\_

☐Chairman Name: Eric Regnier  
4435 Stardusk Falls Ave.  
☐Vice Chairman Address: \_\_\_\_\_  
☐Director North Las Vegas, NV 89084  
☐President \_\_\_\_\_  
☒Vice President \_\_\_\_\_  
☐Secretary ☐Treasurer  
☐Other \_\_\_\_\_ ☐Other \_\_\_\_\_

☐Chairman Name: Kelly Krehbiel  
24203 W. 50th St.  
☐Vice Chairman Address: \_\_\_\_\_  
☐Director Shawnee, KS 66226  
☐President \_\_\_\_\_  
☒Vice President \_\_\_\_\_  
☐Secretary ☐Treasurer  
☐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. Kelly Krehbiel

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. Kelly Krehbiel

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

**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: 2153344

Entity Name: 911 DATAMASTER, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

was filed in this office on April 21, 1994, 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 December 06, 2021

**SCOTT SCHWAB**  
**SECRETARY OF STATE**

Certificate ID: 1199916 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.