F22000005493

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	<i>⇒#</i>)		
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AUG 30 2022 M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SquadBuilders, Inc.			
	n - must include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Standard above referenced foreign corporation to transact businesses."	nding" and check are submitted to register the		
Please return all correspondence concerning this matter Ryan Vaughan	r to the following:		
Name of	Person	2022 AUG 26	
SquadBuilders, Inc.			.
8400 W 110th St. Suite 180			1
Overland Park, KS 66210	ress no de	M 2: 04	
government@squadbuilders.co		04	
For further information concerning this matter, please c	•		
Ryan Vaughan at (913	le Daytime Telephone Number		
Name of Person Area Code	e 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 \$\Boxed{1}\$ \$70.00 Filing Fee \$\Boxed{\omega}\$ \$78.75 Filing Fee & Certificate of Status	COF STATE ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy	_ž	

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.

		opted for the purpose of transacting business in Florida). 8-1089773	
· 	ry under the law of which it is incorporated)	(FEI number, if applicable)	
•	e of incorporation)	(Date of duration, if other than perpetual)	'
6. N/A			_
	(Date first transacted business in F	lorida, if prior to registration)	
	ACTIC COMPTIONIC ZOT 1501 & ZOT 1501		
0.400 \\	(SEE SECTIONS 607.1501 & 607.1501	2, F.S., to determine penalty liability)	
_{7.} 8400 W	110th Street, Suite 180, 0	2, F.S., to determine penalty liability) Dverland Park, KS 66210	
_{7.} 8400 W		2, F.S., to determine penalty liability) Dverland Park, KS 66210	
_{7.} 8400 W	110th Street, Suite 180, (Principal office	2, F.S., to determine penalty liability) Dverland Park, KS 66210 street address)	2029
_{7.} 8400 W	110th Street, Suite 180, (Principal office	2, F.S., to determine penalty liability) Dverland Park, KS 66210 street address)	NY 8808
	110th Street, Suite 180, (Principal office) (Current mailing a	2, F.S., to determine penalty liability) Dverland Park, KS 66210 street address)	2022 AUG 2
	110th Street, Suite 180, (Principal office	2, F.S., to determine penalty liability) Overland Park, KS 66210 street address) address, if different) Box NOT acceptable)	2029 AUG 26
8. Name and stre	110th Street, Suite 180, (Principal office) (Current mailing a	2, F.S., to determine penalty liability) Dverland Park, KS 66210 street address) address, if different) Box NOT acceptable)	∄ :
8. Name and stre Name:	(Principal office (Current mailing a set address of Florida registered agent: (P.O.) Northwest Registered Agent LLC	2, F.S., to determine penalty liability) Dverland Park, KS 66210 street address) address, if different) Box NOT acceptable)	∄ :
8. Name and stre	110th Street, Suite 180, (Principal office) (Current mailing a set address of Florida registered agent: (P.O. 1	Street address) address, if different) Box NOT acceptable)	
8. Name and stre Name:	(Principal office (Current mailing a set address of Florida registered agent: (P.O.) Northwest Registered Agent LLC	2, F.S., to determine penalty liability) Dverland Park, KS 66210 street address) address, if different) Box NOT acceptable)	∄ :

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.



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.

A. DIRECTORS	,						
Chairman	Name: Steven T. Vaughan	□Chai⊓nan	Name: Ryan Vaughan				
□ Vice Chairman	Address: 8400 W 110th St.	☑ Vice Chairman	Address: 8400 W 110th St.				
□Director	Suite 180	□Director	Suite 180				
□President	Overland Park KS 66210	□President	Overland Park, KS 66210				
□Vice President		□ Vice President					
□ Secretary	□Treasurer	☐ Secretary	□Treasurer				
□Other	□Other	□Other	☐Other				
□ Chairman	Name:	□Chairman	Name.				
	Address:	□ Vice Chairman	Address:				
□Director		□Director					
□President		□President	2				
□ Vice President		□ Vice President					
□Secretary	□Treasurer	☐Secretary	□Treasurer 2 2 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
□Other	□Other	□Other	Other 1 to 1				
□Chairman	Name:	□Chairman	Name:				
Director	Address.		Address:				
□President		□ Director					
		□ President □ Vice President					
□ Secretary	□Treasurer	□ 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. 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 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.

3 Ryan Vaughan, General Manager, Owner

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: 1758572

Entity Name: SQUADBUILDERS, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

was filed in this office on October 18, 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 August 24, 2022

SCOTT SCHWAB SECRETARY OF STATE

(ot) School

Certificate ID: 1233154 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.