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S. FRANKLIN SFP 1 5 2022

COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	Krucial Rapid Response. Inc.			
000000	Name of corpo	oration - must include suffix		
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign Corporation f Existence," or "Certificate of Good ced foreign corporation to transact be	d Standing" and check are sub		
Please return	all correspondence concerning this r	matter to the following:		
Christiana Alv	ey			
	Nar	ne of Person		
Kompass Kapi	tal Management, LLC			
	Firm	n/Company		
9800 Metcalf	Ave. 5th Floor			
-		Address		
Overland Park	, KS 66212		2	
	City/S	State and Zip code	225	
calvey@komp	·			
	E-mail address; (to be	used for future annual report r	notification)	
For further in	formation concerning this matter, pl	lease call:	- 	
			notification) P17 2: 2:	
	e of Person Area	a Code Daytime Telep	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	
Nam	e of Person Area	a Code Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amount: leck payable to: FLORIDA DEPARTS ing Fee S78.75 Filing Fee & Certificate of Status	. ■ \$78.75 Filing Fee &	S87.50 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.

"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")	
(If name unavaila	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Florida)
Kansas	1	88-3345047
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
7/21/2022	5	
7/21/2022 5. (Date of incorporation)		(Date of duration, if other than perpetual)
	(SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liability)
9800 Metcalf Ave	e., 4th Floor, Overland Park, KS 66212	
	(Principal of	fice street address)
	(**************************************	,
		
<u></u>		ing address, if different)
Name and stree		ing address, if different)
	(Current mail	ong address, if different) O. Box NOT acceptable)
Name:	(Current mail at address of Florida registered agent: (P.	ong address, if different) O. Box NOT acceptable)
Name:	(Current mails) Et address of Florida registered agent: (P. CAPITOL CORPORATE SERVICES, IN 515 EAST PARK AVENUE 2ND FL	O. Box NOT acceptable)
Name:	(Current mails) Et address of Florida registered agent: (P. CAPITOL CORPORATE SERVICES, IN 515 EAST PARK AVENUE 2ND FL	O. Box NOT acceptable) VC. Florida 32301 (Zin gode)
Name: ffice Address:	(Current mail) Et address of Florida registered agent: (P. CAPITOL CORPORATE SERVICES, IN 515 EAST PARK AVENUE 2ND FL. TALLAHASSEE (City)	ong address, if different) O. Box NOT acceptable)
Name: ffice Address: Registered age	(Current mail) Et address of Florida registered agent: (P. CAPITOL CORPORATE SERVICES, IN 515 EAST PARK AVENUE 2ND FL. TALLAHASSEE (City)	O. Box NOT acceptable) VC. Florida 32301 (Zip code)
Name: ffice Address: Registered age aving been namesignated in this	(Current mail Et address of Florida registered agent: (P. CAPITOL CORPORATE SERVICES, IN 515 EAST PARK AVENUE 2ND FL. TALLAHASSEE (City) ent's acceptance: ed as registered agent and to accept services application, I hereby accept the appoint	O. Box NOT acceptable) NC. Florida 32301 (Zip code) Pice of process for the above stated corporation at the pument as registered agent and agree to act in this capacity.
Name: ffice Address: Registered ago aving been nam esignated in this orther agree to c	(Current mails Et address of Florida registered agent: (P. CAPITOL CORPORATE SERVICES, IN 515 EAST PARK AVENUE 2ND FL TALLAHASSEE (City) ent's acceptance: ed as registered agent and to accept services application, I hereby accept the appoint omply with the provisions of all statutes	O. Box NOT acceptable) O. Box NOT acceptable) O. Florida 32301 (Zip code) Price of process for the above stated corporation at the priment as registered agent and agree to act in this capacity relative to the proper and complete performance of my
Name: ffice Address: Registered ago aving been nam esignated in this orther agree to c	(Current mail Et address of Florida registered agent: (P. CAPITOL CORPORATE SERVICES, IN 515 EAST PARK AVENUE 2ND FL. TALLAHASSEE (City) ent's acceptance: ed as registered agent and to accept services application, I hereby accept the appoint	O. Box NOT acceptable) O. Box NOT acceptable) O. Florida 32301 (Zip code) Price of process for the above stated corporation at the priment as registered agent and agree to act in this capacity relative to the proper and complete performance of my
Name: ffice Address: Registered ago aving been nam esignated in this orther agree to c	(Current mails Et address of Florida registered agent: (P. CAPITOL CORPORATE SERVICES, IN 515 EAST PARK AVENUE 2ND FL TALLAHASSEE (City) ent's acceptance: ed as registered agent and to accept services application, I hereby accept the appoint omply with the provisions of all statutes	O. Box NOT acceptable) O. Box NOT acceptable) O. Florida 32301 (Zip code) Price of process for the above stated corporation at the priment as registered agent and agree to act in this capacity relative to the proper and complete performance of my
Name: ffice Address: Registered age aving been nam esignated in this rther agree to co ad I am familiar	(Current mails Et address of Florida registered agent: (P. CAPITOL CORPORATE SERVICES, IN 515 EAST PARK AVENUE 2ND FL TALLAHASSEE (City) ent's acceptance: ed as registered agent and to accept services application, I hereby accept the appoint omply with the provisions of all statutes	O. Box NOT acceptable) O. Box NOT acceptable) O. Florida 32301 (Zip code) Price of process for the above stated corporation at the priment as registered agent and agree to act in this capacity relative to the proper and complete performance of my osition as registered agent.

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS Courtney Conrad Sarah Schiltz □Chairman □ Chairman 9800 Metcalf Ave, 5th Floor 9800 Metcalf Ave. 5th Floor □ Vice Chairman Address: ☐ Vice Chairman Address: Overland Park, KS 66212 Overland Park, KS 66212 Director □ Director □ President President □ Vice President ☐ Vice President ☐ Treasurer ☐ Secretary ■ Treasurer □ Secretary □Other _____ □Other □Other _____ __ __ □Other _____ Name: Alok Srivastava Name: _____ □ Chairman □ Chairman □Vice Chairman Address: 2345 Grand Blvd, Suite 2200 9800 Metcalf Ave, 5th Floor □ Vice Chairman Address: Overland Park, KS 66212 Kansas City, MO 64108 ■ Director □ Director □ President ☐ President ☐ Vice President □ Vice President ☐ Treasurer ■ Secretary □Treasurer □ Secretary □Other _____ ☐ Other _____ □Other _____ Name: Dr. James Row Name: Lesa Francis □Chairman □ Chairman 347 Greyhaven Lane Address: _____19 Great Wood □Vice Chairman □ Vice Chairman Marietta, GA 30068 San Antonio, TX, 78232 ■ Director ■ Director □President □President □Vice President ___ □Vice President □ Treasurer ☐ Secretary □ Treasurer □ Secretary □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. 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. Courtney Conrad, President

Additional Directors

	Name	Street Address
Director	Dee Grimm	14750 Miller Rd, Saint Hedwig, TX 78152

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STATE OF KANSAS OFFICE OF SECRETARY OF STATE SCOTT SCHWAB

1, 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: 2057363

Entity Name: KRUCIAL RAPID RESPONSE, INC.

Entity Type: DOM:NOT FOR PROFIT CORPORATION

State of Organization: KS

was filed in this office on July 21, 2022, 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

Certificate ID: 1233130 - 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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