

F24000003262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

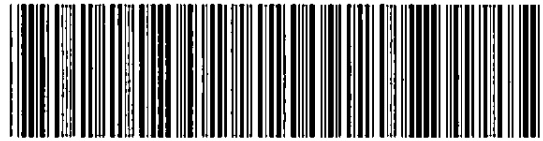
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500431145245

06/12/24--01007--001 **70.00



FILED
MILWAUKEE, WI
JUN 12 2024

2024 JUN 12 PM 7:29

FILED

**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. Aria Care Insurance, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- n/a
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Missouri 3. 93-1868615
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/18/2023 5. n/a
(Date of incorporation) (Date of duration, if other than perpetual)
6. n/a
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2847 S. Ingram Mill Rd., Suite A100, Springfield, MO 65804 c/o InCorp Services
(Principal office street address)
- 8500 W. 110th Street, Suite 260, Overland Park, KS 66210
(Current mailing address, if different)

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

Name: InCorp Services, Inc.

Office Address: 3458 Lakeshore Drive

Tallahassee, Florida 32312
(City) (Zip code)

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.

Heather Glenn Heather Glenn on behalf of InCorp Services, Inc.
(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):

FILED
2024 JUN 12 PM 7:28
TALLAHASSEE, FL

Attachment to the Florida Registration Application

Aria Care Insurance, Inc.

Directors and Officers List

Dated: June 4, 2024

Director List:

Name	Address
David Kennedy	8500 W. 110th Street, Suite 260, Overland Park, KS 66210
John Caselli	8500 W. 110th Street, Suite 260, Overland Park, KS 66210
Tony Layne	8500 W. 110th Street, Suite 260, Overland Park, KS 66210
John Griscavage	8500 W. 110th Street, Suite 260, Overland Park, KS 66210
Larry Spitcaufsky	8500 W. 110th Street, Suite 260, Overland Park, KS 66210
John Rosenbaum	8500 W. 110th Street, Suite 260, Overland Park, KS 66210
Matt Oswald	8500 W. 110th Street, Suite 260, Overland Park, KS 66210
Ben Nelson	8500 W. 110th Street, Suite 260, Overland Park, KS 66210
Anthony Miranda	8500 W. 110th Street, Suite 260, Overland Park, KS 66210

Officer List:

Name	Position	Address
John Griscavage	President and CEO	8500 W. 110th Street, Suite 260, Overland Park, KS 66210
Tony Layne	Chairman	8500 W. 110th Street, Suite 260, Overland Park, KS 66210
Matt Oswald	Treasurer and CFO	8500 W. 110th Street, Suite 260, Overland Park, KS 66210
John Rosenbaum	Secretary	8500 W. 110th Street, Suite 260, Overland Park, KS 66210

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

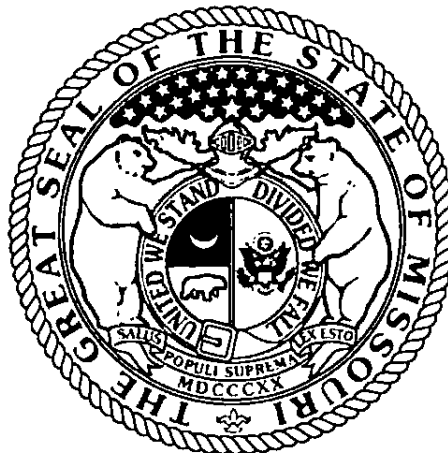
I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

ARIA CARE INSURANCE, INC.
1001401472

was created under the laws of this State on the 18th day of December, 2023, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 31st day of May, 2024.


Secretary of State



Certification Number: CERT-05312024-0093