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**EXAMINER** 

#### **COVER LETTER**

		Impore	otive Contractor Systems II C	
SUBJE	СТ:		ative Contractor Systems, LLC  Name of Limited Liability Company	<del></del>
The end Existen	closed "Applicatio	n by Foreign Limited Li submitted to register the	iability Company for Authorization to Transact Busine above referenced foreign limited liability company to	ess in Florida," Certificate of transact business in Florida
Please	return all correspo	ndence concerning this r	matter to the following:	
			Tammy Eddings	····
			Name of Person	
			Husch Blackwell Sanders LLP	
			Firm/Company	<del></del>
4801 Main Street, Suite 1000				
			Address	
			Kansas City, MO 64112	10 11 11 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15
			City/State and Zip Code	
		tan	nmy.eddings@huschblackwell.com	SSE IT
	<del></del>	E-mail address:	(to be used for future annual report notification)	्र अं अ मा
For furt	her information co	oncerning this matter, ple	ease call:	PHE 22 OF STATE E. FLORIDA
		Tammy Eddings	at ( 816 ) 983-887	78 <b>9</b> N
		Name of Person	Area Code & Daytime Telephone Number	
	MAILING ADE Division of Corp Registration Sect P.O. Box 6327 Tallahassee, FL 3	orations tion	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclos	ed is a check fo	or the following amo	ount:	
	<b>∑\$</b> 125.00 Filing	g Fee \$130.00 Fili Certificate		Filing Fee, Certificate atus & Certified Copy

#### > APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

i.	Innovative Contractor Systems, LLC
	(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")
COI	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written isent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability mpany," "L.L.C," "LLC.")
2	Kansas 3 27-2553938
Ī	Kansas 3. 27-2553938  (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)
4.	5/13/2010 5. Perpetual
••	(Date of Organization)  (Date of Organization)  (Duration: Year limited liability company will cease to exist or "perpetual")
6.	Has not transacted business yet in Florida
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	6437 Verona Road, Mission Hills, KS 66208
	(Street Address of Principal Office)
	If limited liability company is a manager-managed company, check here
<b>y</b> .	The name and usual business addresses of the managing members or managers are as follows:
	Jeffrey B. Hanes, 6437 Verona Road, Mission Hills, KS 66208
	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
	jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or promoted in Florida: Any lawful business or
	activity under the laws of the state of Florida and rental of construction equipment.
	all Branos
	Signature of a member or an authorized representative of a member.  (th accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
	Jeffrey B. Hanes
	Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Comp	pany is:			
Innovative	Contractor Systems, LLC			•
If unavailable, the alternate to be used in the	e state of Florida is:			
2. The name and the Florida street address	of the registered agent and office are:	ALL	 10 +	
СТ	Corporation System		*	£344
	(Name)	ARY O	MAY 17 P	
1200	15 to	PH 吸	1	
Florida Street Add	ress (P.O. Box <u>NOT</u> ACCEPTABLE)	ORID.	第22	·
Plantation	FI. 33324			
	City/State/Zip			
Having been named as registered agent and the liability company at the place designated in the agent and agree to act in this capacity. I further relating to the proper and complete performation obligations of my position as registered agent of T Corporation System  By: See attached (Signature)	his certificate, I hereby accept the appointme her agree to comply with the provisions of a nnce of my duties, and I am familiar with and	ent as re ll statut l accept	egister es	red <sup>*</sup>
\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)			

## STATE OF KANSAS OFFICE OF SECRETARY OF STATE CHRIS BIGGS

To all to whom these presents shall come, Greetings:

I, CHRIS BIGGS, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to business entities and that I am the proper official to execute this certificate.

Entity Name: INNOVATIVE CONTRACTOR SYSTEMS, LLC

Structure: KANSAS LIMITED LIABILITY COMPANY

Business Entity ID Number: 6427967

Was filed in this office on May 12, 2010 and has complied with the applicable provisions of the laws of the state of Kansas and on this date is in good standing and authorized to transact business or to conduct affairs within this state



In testimony whereof: I hereto set my hand and cause to be affixed my official seal. Done at the City of Topeka, this 14 of May, 2010.

CHRIS BIGGS SECRETARY OF STATE

Certificate ID: 296964 - To verify the validity of this certificate please visit <a href="https://www.accesskansas.org/businessentity/validate.html">https://www.accesskansas.org/businessentity/validate.html</a> and enter the certificate ID number.

Having been named as registered agent and to accept service of process for Innovative Contractor Systems, LLC at the place herein designated:

C T Corporation System 1200 South Pine Island Road Plantation, Florida 33324

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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent for in Chapter 608, F.S.

Dated: May 14, 2010

**CT Corporation System** 

Katherine Lackey Assistant Secret