

M15000009551

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

W15-74874

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TALLAHASSEE, FLORIDA

NOV 30 2015
JRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2015

THOMAS SHEPARD
6400 GLENWOOD, SUITE 200
OVERLAND PARK, KS 66202

SUBJECT: LUTZ, DAILY & BRAIN, LLC
Ref. Number: W15000074874

We have received your document for LUTZ, DAILY & BRAIN, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 115A00024105

2015 NOV 24 P 4:07
SEC. OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUTZ, DAILY & BRAIN, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

THOMAS SHEPARD

Name of Person

LUTZ, DAILY & BRAIN, LLC

Firm/Company

6400 GLENWOOD, SUITE 200

Address

OVERALAND PARK, KS 66202

City/State and Zip Code

SSHOUKRY@LDBENG.COM

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

For further information concerning this matter, please call:

THOMAS SHEPARD

at (913)

831-0833

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

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15 NOV 30 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 16, 2015

THOMAS SHEPARD
6400 GLENWOOD, SUITE 200
OVERLAND PARK, KS 66202

SUBJECT: LUTZ, DAILY & BRAIN, LLC
Ref. Number: W15000074874

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Deborah Bruce
Regulatory Specialist II

Letter Number: 115A00024105

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. LUTZ, DAILY & BRAIN, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C.," or "LLC.")

2. KS
(Jurisdiction under the law of which foreign limited liability
company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. _____
6400 GLENWOOD, SUITE 200, OVERLAND PARK, KS 66202
(Street Address of Principal Office)

6. _____
6400 GLENWOOD, SUITE 200, OVERLAND PARK, KS 66202
(Mailing Address)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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.*

C T Corporation System

(Registered agent's signature)

Nicole Chouinard

Nicole Chouinard, Asst. Secretary

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

THOMAS SHEPARD , MEMBER, 6400 GLENWOOD, SUITE 200, OVERLAND PARK, KS
66202

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)

Steve J. Lutz
(Signature of an authorized person)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

FRED J. LUTZ

(Typed or printed name of signee)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 NOV 25 PM 4:07

FILED

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 2743094

Entity Name: LUTZ, DAILY & BRAIN, L.L.C.

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: FRED J. LUTZ

Registered Office: CLOVERLEAF BUILDING #4 STE#200 6400 GLENWOOD,
OVERLAND PARK, KS 66202

was filed in this office on June 01, 1999, 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 November 09, 2015

KRIS W. KOBACH
SECRETARY OF STATE

Certificate ID: 727472 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.