

**M15000009847**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H15000291025 3)))



H150002910253ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

FILED  
15 DEC -9 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**Foreign Limited Liability Company**  
**BLACK & VEATCH MANAGEMENT CONSULTING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

RECEIVED  
15 DEC -9 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 10 2015  
Electronic Filing Menu Corporate Filing Menu Help  
**S. YOUNG**

12/9/2015 1:05:24 PM From: To: 8506176383( 2/4 )

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BLACK & VEATCH MANAGEMENT CONSULTING, 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:

SHANE CLARK

Name of Person

BLACK & VEATCH MANAGEMENT CONSULTING, LLC

Firm/Company

11401 LAMAR AVE

Address

OVERLAND PARK, KS 66211

City/State and Zip Code

CLARKLS@BV.COM

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

FILED  
15 DEC -9 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

SHANE CLARK

at ( 913 ) 458-7029

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

**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. **BLACK & VEATCH MANAGEMENT CONSULTING, 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. **KANSAS**

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

3. **47-5318581**

(FEI number, if applicable)

4. **DECEMBER 8, 2015**

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

5. \_\_\_\_\_

**11401 LAMAR AVE, OVERLAND PARK, KS 66211**

(Street Address of Principal Office)

6. \_\_\_\_\_

**11401 LAMAR AVE, OVERLAND PARK, KS 66211**

(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**

(City)

**, Florida 33324**

(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.*

By: 

**Katherine Lackey,**

**Asst. Secretary**

(Registered agent's signature)

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

**SHANE CLARK, CFO, 11401 LAMAR AVE, OVERLAND PARK, KS 66211**

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)



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.

**SHANE CLARK**

Typed or printed name of signee

FILED  
15 DEC -9 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: 8093700

Entity Name: BLACK & VEATCH MANAGEMENT CONSULTING, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

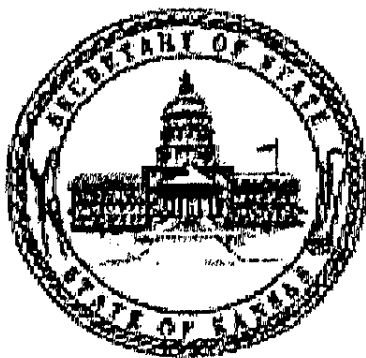
State of Organization: KS

Resident Agent: THE CORPORATION COMPANY, INC.

Registered Office: 112 SW 7TH STREET SUITE 3C, TOPEKA, KS 66603

was filed in this office on October 14, 2015, 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 December 01, 2015

**KRIS W. KOBACH  
SECRETARY OF STATE**

Certificate ID: 732194 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.

FILED  
15 DEC -9 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA