

m17 000002258

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.

((H17000070206 3)))



H170000702063ABCX

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

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

From:  
Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

**\*\*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  
GLOBAL PARTNER SOLUTIONS LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$125.00 |

**S Warren**

**MAR 17 2017**

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

2017 MAR 16 PM 12:06

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 MAR 16 PM 12:49

FILED

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. GLOBAL PARTNER SOLUTIONS 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. N/A

(FBI number, if applicable)

4. N/A

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

5. 3030 N. ROCKY POINT DR, STE 150A, TAMPA, FL 33607

(Street Address of Principal Office)

6. 3030 N. ROCKY POINT DR, STE 150A, TAMPA, FL 336

(Mailing Address)

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

Name: NORTHWEST REGISTERED AGENT LLC

Office Address: 3030 N. ROCKY POINT DR, STE 150A

TAMPA, Florida 33607  
(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.

*Tom Glover*

(Registered agent's signature)

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

GLOBAL PARTNER SOLUTIONS AMERICA INC. MEMBER

100 S. MARKET, STE 2B, WICHITA, KS 67202

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)

*Morgan Noble*

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.

MORGAN NOBLE

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 MAR 15 P 12:49

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: 4623427

Entity Name: GLOBAL PARTNER SOLUTIONS LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: SCOTT A. EADS

Registered Office: 1600 EPIC CENTER 301 NORTH MAIN STREET, WICHITA, KS  
67202

was filed in this office on June 13, 2012, 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 March 14, 2017

A handwritten signature in black ink, appearing to read "Kris W. Kobach". The signature is fluid and cursive, written over a light background.

**KRIS W. KOBACH**  
**SECRETARY OF STATE**

Certificate ID: 924510 - To verify the validity of this certificate please visit  
<https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.