1117000007392

(Requestor's Name)
(Address)
(Address)
(City/State City/Dhone th
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(=====, ·····,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W17-65469

Office Use Only



700302004667

08/07/17--01013--008 **180.00

2011 AUG 25 PM 3: 47

K. SALY AUG 28 2017

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	Astra Search Group LL				
			Limited Liability	Company	
The en- Existen	closed "Application by Foreign ce, and check are submitted to	n Limited Liability Com register the above refer	pany for Authoriz enced foreign lim	ation to Tr ited liabilit	ansact Business in Florida." Certificate of y company to transact business in Florida.
Please	return all correspondence conc	cerning this matter to the	following:		
	Karin Galba				
		N	ame of Person		
	Astra Search Group	o ELC			
		F	irm/Company		
	6811 Shawnee Miss	sion Pkwy #316			
			Address		
	Overland Pk KS 66	202			
		City/S	tate and Zip Code		
	karin@astrasg.com				
	F;-1	mail address: (to be used	l for future annual	report not	ification)
For furt	ier information concerning thi	s matter, please call:			
	Karin Galba		913 _ at (271-001	7
	Name of Co	ontact Person	Area Code	Day	time Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registrati Clifton Bt 2661 Exec	ADDRESS: of Corporations on Section adding cutive Center Circle ie, FL 32301
Enclosec	l is a check for the following a □ \$125.00 Filing Fee □ \$ Ce	mount: \$130.00 Filing Fee & rtificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPILANCE WITH SECTION (05:00), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Missouri	ne adopted for the purpose of transacting business in Flo		
Missouri		rida. The alternate name must include "I imited Lic	ability Company " "E. L. C." or "L. C.")
(Jurisdiction under the law of which		47-2549872	
	h foreign limited bubility company is organized)	·'· —	ber, if applicable)
08-07-2017			
	(Date first transacted business in Florida, if prior to sisse sections 605 0964 & 605 0905, F.S. to determine	egistranen)	
6811 Shawnee Mission I			4216
(Street Address of Prin		6. 6811 Shawnee Mission Pk	
Overland Park KS		Overland Pk KS	70
66202		66202	
			F. 6
Name and street address	of Florida registered agent: (P.O. Box	NOT acceptable)	2011 AUG 25 PM 3: 41
	Registered Agents Inc	- •	7
			
Office Address:	3030 N Rocky Point Dr Ste 150A		بن بن بن المارية الماري
	Tampa	Florida <u>33607</u>	
-	<u></u>	, Florida """	••
iving been named as regi signated in this application comply with the provision	(City) ince: istered agent and to accept service of p on, I hereby accept the appointment as as of all statutes relative to the proper of my position as registered agent.	(Zip cod process for the above stated limited process for the above stated limited process for the above to act	liability company at the place in this capacity. I further a
iving been named as regi signated in this application comply with the provision	nice: istered agent and to accept service of poin, I hereby accept the appointment as as of all statutes relative to the proper of my position as registered agent.	(Zip coderocess for the above stated limited registered agent and agree to act and complete performance of my a	liability company at the plac in this capacity. I further as
uving been named as regi signated in this application comply with the provision	nice: stered agent and to accept service of p on, I hereby accept the appointment as ns of all statutes relative to the proper	(Zip coderocess for the above stated limited registered agent and agree to act and complete performance of my a	liability company at the plac in this capacity. I further as
signated in this application comply with the provision of accept the obligations of the control of the name, title or capacity	ince: Stered agent and to accept service of proper the appointment as as of all statutes relative to the proper of my position as registered agent. (Registered agent is a statute of the person of	(Zip cod process for the above stated limited pregistered agent and agree to act and complete performance of my a apature)	liability company at the plac in this capacity. I further as
uving been named as regi signated in this application comply with the provision d accept the obligations of	nice: istered agent and to accept service of p on, I hereby accept the appointment as ns of all statutes relative to the proper of my position as registered agent. (Registered agent's s	(Zip cod process for the above stated limited pregistered agent and agree to act and complete performance of my a apature)	liability company at the plac in this capacity. I further as
rving been named as regi signated in this application comply with the provision d accept the obligations of The name, title or capaci	ince: istered agent and to accept service of property the appointment as an sof all statutes relative to the property of my position as registered agent. (Registered agent's service and address of the person(s) who has Name and Address; Martin Johnston	(Zap coderocess for the above stated limited cregistered agent and agree to act and complete performance of my apparatus) Shave authority to manage is/are:	l liability company at the plac in this capacity. I further ag duties, and I am familiar wit
rying been named as regisignated in this application comply with the provision of accept the obligations of the name, title or capacity:	ince: istered agent and to accept service of p on, I hereby accept the appointment as ans of all statutes relative to the proper of my position as registered agent. (Registered agent's s ity and address of the person(s) who has Name and Address: Martin Johnston 6814 Shawnee Mission Pkwy	(Zip coderocess for the above stated limited is registered agent and agree to act and complete performance of my impairment. Shave authority to manage is/are: Title or Capacity:	Name and Address: Joshua McDaniel 6811 Shawnee Mission Pk
wing been named as regisignated in this application comply with the provision of accept the obligations of the name, title or capacity:	ince: istered agent and to accept service of property the appointment as an sof all statutes relative to the property of my position as registered agent. (Registered agent's service and address of the person(s) who has Name and Address; Martin Johnston	(Zip coderocess for the above stated limited is registered agent and agree to act and complete performance of my impairment. Shave authority to manage is/are: Title or Capacity:	I liability company at the place in this capacity. I further agduties, and I am familiar with the base and I am familiar with the base and Address: Joshua McDaniel
wing been named as regisignated in this application comply with the provision of accept the obligations of the name, title or capacity:	ince: istered agent and to accept service of p on, I hereby accept the appointment as ans of all statutes relative to the proper of my position as registered agent. (Registered agent's s ity and address of the person(s) who has Name and Address: Martin Johnston 6814 Shawnee Mission Pkwy	(Zip coderocess for the above stated limited is registered agent and agree to act and complete performance of my impairment. Shave authority to manage is/are: Title or Capacity:	Name and Address: Joshua McDaniel 6811 Shawnee Mission Pk
wing been named as regisignated in this application comply with the provision of accept the obligations of the name, title or capacity:	ince: istered agent and to accept service of p on, I hereby accept the appointment as ans of all statutes relative to the proper of my position as registered agent. (Registered agent's s ity and address of the person(s) who has Name and Address: Martin Johnston 6814 Shawnee Mission Pkwy	(Zip coderocess for the above stated limited is registered agent and agree to act and complete performance of my impairment. Shave authority to manage is/are: Title or Capacity:	Name and Address: Joshua McDaniel 6811 Shawnee Mission Pk
wing been named as regisignated in this application comply with the provision of accept the obligations of the name, title or capacity:	istered agent and to accept service of pon, I hereby accept the appointment as as of all statutes relative to the proper of my position as registered agent. Registered agent is a statuted and agent is a statuted agent in the person (s) who has a Name and Address; Martin Johnston 6814 Shawnee Mission Pkwy h316, Overland Pk KS 66202	(Zip coderocess for the above stated limited is registered agent and agree to act and complete performance of my impairment. Shave authority to manage is/are: Title or Capacity:	Name and Address: Joshua McDaniel 6811 Shawnee Mission Pk

Typed or printed name of signee

STATE OF MISSOURY



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

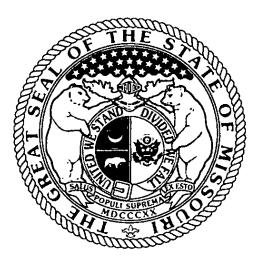
Astra Search Group, LLC LC001428383

was created under the laws of this State on the 15th day of December, 2014, and is active, 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 2nd day of August, 2017.

Secretary of State

Certification Number: CERT-08022017-0030





FLORIDA DEPARTMENT OF STATE Division of Corporations

August 9, 2017

KARIN GALBA ASTRA SEARCH GROUP LLC 6811 SHAWNEE MISSION PKWY #316 OVERLAND PARK, KS 66202

SUBJECT: ASTRA SEARCH GROUP LLC

Ref. Number: W17000065469

2017 AUG 25 AM 11: 33

We have received your document for ASTRA SEARCH GROUP LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 917A00016316