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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

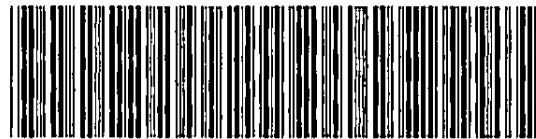
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FILED  
2019 JUN 26 PM 3:39  
CLERK OF STATE  
TALLAHASSEE FLORIDA

BRUCE  
JUL 12 2019



June 24, 2019

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

To whom it may concern:

Please see the attached Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for CivicPlus, LLC. Also included is a Certificate of Good Standing from our home state and a check for the filing and registered agent fees, in the amount of \$125.00.

CivicPlus, LLC was formerly registered in FL as CivicPlus, Inc. (FKA Icon Enterprises, Inc.), I have also attached evidence of our withdrawal filing for CivicPlus, Inc. I inform you of this to clear up any confusion about the availability of our name "CivicPlus".

If you have any questions or concerns, please contact me at: (785)323-1555 or [jdasenbrock@civicplus.com](mailto:jdasenbrock@civicplus.com).

Sincerely,

**Jennifer Dasenbrock | CivicPlus**

In-House Legal Counsel

FILED  
2019 JUN 26 PM 3:39  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CivicPlus, 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:

Jennifer Dasenbrock

Name of Person

CivicPlus, LLC

Firm/Company

302 S 4th Street, STE 500

Address

Manhattan, KS. 66502

City/State and Zip Code

jdasenbrock@civicplus.com; cvptax@civicplus.com

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

For further information concerning this matter, please call:

Jennifer Dasenbrock

at ( 785 )

323 1555

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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

FILED  
2019 JUN 26 PM 3:39  
TALLAHASSEE, FL

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. CivicPlus, 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 48-1202104  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Upon Filing 06/24/2019  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

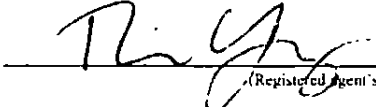
5. 302 S 4th Street, STE 500 302 S 4th Street, STE 500  
(Street Address of Principal Office) (Mailing Address)  
Manhattan, KS 66502 Manhattan, KS 66502

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

Name: InCorp Services, Inc.  
Office Address: 17888 67th Court North  
Loxahatchee, Florida 33470  
(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.

 Desiree Young on behalf of InCorp Services, Inc.  
(Registered agent's signature)

FILED  
2019 JUN 26 PM 3:39  
TALLAHASSEE FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Ward Morgan

☒ Member Address: 302 S 4th Street,

☐ Authorized STE 500

Person Manhattan, KS 66502

☐ Other ☐ Other

☐ Manager Name: Kerri Winter

☐ Member Address: 302 S 4th Street,

☒ Authorized STE 500

Person Manhattan, KS 66502

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Brian Rempe

☐ Member Address: 302 S 4th Street,

☒ Authorized STE 500

Person Manhattan, KS 66502

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_


Person \_\_\_\_\_

☐ Other ☐ Other

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. 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.

  
\_\_\_\_\_  
Signature of an authorized person

Brian Rempe  
\_\_\_\_\_  
Typed or printed name of signer

**STATE OF KANSAS  
OFFICE OF  
SECRETARY OF STATE  
SCOTT SCHWAB**

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 2625689

Entity Name: CIVICPLUS, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: S. WARD MORGAN

Registered Office: 302 S. FOURTH STREET SUITE 500, MANHATTAN, KS 66502

was filed in this office on July 08, 1998, 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 June 21, 2019

**SCOTT SCHWAB  
SECRETARY OF STATE**

Certificate ID: 1106412 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.