## 1119000010906

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

Office Use Only



800336919348



K. SALY NOV 13 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 038769 4306601

AUTHORIZATION : Sprelle Kenan

COST LIMIT : '\$\(\frac{1}{25}\)\(-\frac{2}{00}\)

ORDER DATE: November 7, 2019

ORDER TIME : 9:28 AM

ORDER NO. : 038769-035

CUSTOMER NO: 4306601

------

### FOREIGN FILINGS

NAME: FAZZI ASSOCIATES LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

## **COVER LETTER**

		istration Section sion of Corporation	15							
SUBJEC	CT:	FAZZI ASSOCIAT	ES LLC							
00000		Name of Limited Liability Company								
The enclose Existence	losed e, an	"Application by For d check are submitted	eign Limited Liability Co d to register the above ref	mpany for Authoriz ferenced foreign lim	ation to Transacited liability cor	ct Business in Florida, mpany to transact busi	" Certificate of ness in Florida.			
Please re	eturn	all correspondence c	oncerning this matter to t	he following:						
		DLR	DLR							
		Name of Person								
		Barack Ferrazzano Kirschhaum & Nagelberg LLP								
				Firm/Company		<del></del>				
	200 W. Madison St., Suite 3900 Address									
						•				
Chicago, IL 60606										
		City/State and Zip Code								
		corporateservices	@bfkn.com							
		-	E-mail address: (to be u	sed for future annua	l report notifica	tion)				
For furthe	er int	formation concerning	this matter, please call:							
				at (	)					
_		Name of	Contact Person	Area Code	Daytime	Telephone Number				
] ] ]	Divis Regis P.O.	LING ADDRESS: sion of Corporations stration Section Box 6327 hassee, FL 32314			STREET AD Division of Confederation S Clifton Buildi 2661 Executiv Tallahassee, F	orporations Section ng ve Center Circle				
		osed is a check for the e make check payab	e following amount: le to: FLORIDA DEPAI	RTMENT OF STA	TE					
		125.00 Filing Fee	\$130.00 Filing Fee Certificate of S	e & 🔲 \$155.00	Filing Fee & ed Copy	\$160.00 Filing of Status & Cer				

### 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:

•	name adopted for the purpose of transacting business in Fk	orida. The alter	mate name must include "Limited Liability Compa	any," "L.L.C," or "LLC.")	
MA			04-3257930		
(Jurisdiction under the law of which fereign limited hability company is organized)			(FIII number, if applicable)		
11-08-2019					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) ine penalty list	bility)		
11300 Switzer Road			11300 Switzer Road		
(Stree: Address of	Principal Office)	6	(Mailing Address)		
Overland Park, KS	S 66210		Overland Park, KS 66210		
··		_	<u>.</u>	19 19	
	· · · · · · · · · · · · · · · · · · ·	_	<del></del>	FS	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acc	centable)	<b>三</b>	
	e or riorida registered agent. (1.0. box	i ivor acc	ceptable)	<u> </u>	
Name:	Corporation Service Company			AH 12: 1 OF STATE, FLORE	
Office Address:	1201 Hays Street			O DA	
	Tallahassee		32301 , Florida		
(City)			(Zip code)		

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.

> Roxanne Turner Asst. Vice President

<sup>\*\*</sup>Fazzi Associates, Inc. qualified in FL on 2/10/2003 converted to Fazzi Associates LLC



19 NOV 12 AH 12: 10

Salar Sal manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: WeliSky Corporation	Manager Nan	ne:
■Member	Address: 11300 Switzer Road	☐ Member Add	iress:
Authorized	Ocerland Park, KS 66210	Authorized	
Person		Person	
Other	Other	Other	Other
Manager	Name:	☐ Manager Nam	ne:
Member	Address:	☐ Member Add	ress:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
Manager	Name:	Manager Nam	ne:
Member	Address:	Member Add	ress:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 Robert C. Weber, Vice President and Secretary of Member Typed or printed name of signee



# Commonwealth of ... Secretary of the Commonwealth State House, Boston, Massachusetts 02133 67 The Commonwealth of Massachusetts

### TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

### FAZZI ASSOCIATES LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on May 11, 2018.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing arc: NONE

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: WILLIAM J MILLER, ROBERT WATKINS, STEPHEN MORGAN, TIM ASHE, ROBERT C WEBER

The names of all persons authorized to act with respect to real property listed in the most recent filing are: WILLIAM J MILLER, ROBERT WATKINS, STEPHEN MORGAN, ROBERT C. WEBER, TIM ASHE

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travin Galein

