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(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: iOR Partners, 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:

Colleen Martin
Name of Person

iOR Partners, LLC
Firm/Company

1627 Main St Suite 801
Address

Kansas City, MO 64108
City/State and Zip Code

cmartin@iorpartners.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Colleen Martin at (816) 674-4895
Name of Contact Person — Area Code — Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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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. iOR Partners 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. Nevada
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-3214952
(FEI number, if applicable)

4. 01/02/2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1627 Main St
(Street Address of Principal Office)

6. same
(Mailing Address)

Suite 801

Kansas City, MO 64108

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2020 MAR 16 AM 11:05

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

Name: Registered Agent Solutions, Inc

Office Address: 155 Office Plaza Dr. Suite A

Tallahassee, FL, Florida 32301
(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.

Adam Saldana, Asst Secretary

(Registered agent's signature)

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:	Title or Capacity:	Name and/Address:
☒Manager	Name: Tony Burns	☒Manager	Name: Rick Frell
☐Member	Address: 1627 Main St	☐Member	Address: 1627 Main St
☐Authorized	Kansas City, MO 64108	☐Authorized	Kansas City, MO 64108
Person		Person	
☐Other	☐Other	☐Other	☐Other
☒Manager	Name: Dan Durrie	☒Manager	Name: Brad Holcomb
☐Member	Address: 1627 Main St	☐Member	Address: 1627 Main St
☐Authorized	Kansas City, MO 64108	☐Authorized	Kansas City, MO 64108
Person		Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐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. 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

Bradley Holcomb, CEO

Typed or printed name of signee

STATE OF MISSOURI

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

IOR PARTNERS, L.L.C.

using in Missouri the name

IOR PARTNERS, L.L.C.
FL001426936

a NEVADA entity was created under the laws of this State on the 8th day of February, 2019, 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 5th day of March, 2020.

Secretary of State

Certification Number: CERT-03052020-0088