

M20000008K4

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

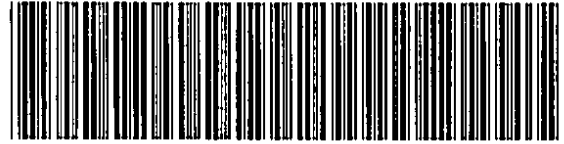
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/31/20--01012--019 **125.00

2020 SEP 31 PM 4:10

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9/19/20

August 26, 2020

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

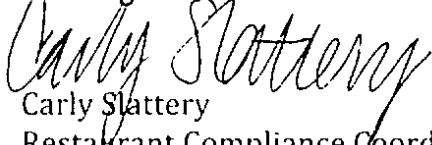
**RE: Application by Foreign Limited Liability Company for Authorization to
Transact Business in Florida
KBP Investments, LLC**

Dear Staff:

Enclosed is the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for KBP Investments, LLC. Also enclosed is check number 114731 in the amount of \$125.00 for the application fee. Finally, enclosed is a Certificate of Good Standing from the State of Delaware.

Please let me know if you need anything further from me to process this application.

Best regards,



Carly Slattery
Restaurant Compliance Coordinator
913-356-6318
Email: cslattery@kbpinvestments.com

Enclosures

KBP INVESTMENTS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KBP Investments, 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:

Ben Johnson

Name of Person

KBP Investments, LLC

Firm/Company

10950 Grandview Drive, Suite 300

Address

Overland Park, KS 66210

City/State and Zip Code

eslattery@kbpinvestments.com

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

For further information concerning this matter, please call:

Carly Slattery

Name of Contact Person

at (913)

Area Code

356-6318

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

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. KBP Investments, 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. Delaware 3. 27-4381614
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 8/13/2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 10950 Grandview Drive Suite 300
(Street Address of Principal Office)

6. 10950 Grandview Drive Suite 300
(Mailing Address)

Overland Park, KS 66210

Overland Park, KS 66210

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

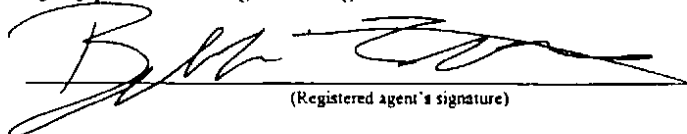
Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, 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.


(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Mike Kulp</u>	<input type="checkbox"/> Manager	Name: <u>Ben Johnson</u>
<input checked="" type="checkbox"/> Member	Address: <u>10950 Grandview Dr., Suite 300</u>	<input type="checkbox"/> Member	Address: <u>10950 Grandview Drive Suite 300</u>
<input type="checkbox"/> Authorized	<u>Overland Park, KS 66210</u>	<input checked="" type="checkbox"/> Authorized	<u>Overland Park, KS 66210</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Ben Johnson

Typed or printed name of signee


Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KBP INVESTMENTS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KBP INVESTMENTS, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF DECEMBER, A.D. 2010.



Jeffrey W. Bullock, Secretary of State

4915110 8300

SR# 20206781842

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203500185

Date: 08-19-20