

M20000011798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

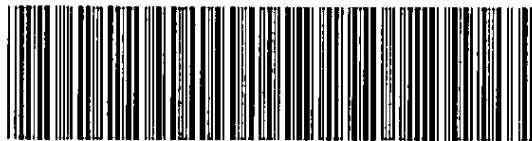
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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K. SALY  
DEC 22 2020

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LAW OFFICES  
**PAYNE & JONES**  
CHARTERED

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COMMERCE TERRACE  
COLLEGE BOULEVARD AT KING  
11000 KING  
P.O. BOX 25625  
OVERLAND PARK, KS 66225-5625  
(913) 469-4100  
Facsimile: (913) 469-8182

JAMIE R. BROWN  
JBROWN@PAYNEJONES.COM

December 14, 2020

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

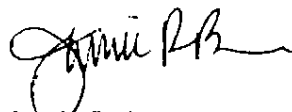
Re: Empower UV, LLC

Dear Sir or Madam:

Please find enclosed the Cover Letter, Application by Foreign Corporation for Authorization to Transact Business in Florida and a Certificate of Good Standing from the State of Kansas with regard to the above-referenced entity. I am also enclosing a check in the amount of \$125.00 to cover the requisite filing fee. I would ask that you please file the Application and return the file-stamped copy to me in the enclosed, self-addressed envelope.

If you should have any questions, please do not hesitate to contact me.

Very truly yours,



Jamie R. Brown  
For Payne & Jones, Chartered

JRB/enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Empower UV 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:

Jamie Brown

\_\_\_\_\_  
Name of Person

Payne & Jones, Chtd

\_\_\_\_\_  
Firm/Company

11000 King St

\_\_\_\_\_  
Address

Overland Park, KS 66210

\_\_\_\_\_  
City/State and Zip Code

jbrown@paynejones.com

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

For further information concerning this matter, please call:

Jamie Brown

913

469-4100

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

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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TALLAHASSEE, FLORIDA

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. Empower UV LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC.")

(If none available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Kansas  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEL number, if applicable)

4. \_\_\_\_\_  
(Use first transacted business in Florida, if prior to registration.  
[See sections 605.0904 & 605.0905, F.S. to determine priority liability])

5. 13817 Horton Dr.  
(Street Address of Principal Office)

6. 13817 Horton Dr.  
(Mailing Address)

Overland Park, KS 66223

Overland Park, KS 66223

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Rd.

Plantation, Florida 33324  
(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.

Nichol McCroy  
(Registered agent's signature)  
Nichol McCroy, Assistant Secretary

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Thomas Edward	<input checked="" type="checkbox"/> Manager	Name: Eric Forgy
<input checked="" type="checkbox"/> Member	Address: 13817 Horton Dr.	<input checked="" type="checkbox"/> Member	Address: 11909 S. Eagle Crest Dr.
<input type="checkbox"/> Authorized	Overland Park, KS 66223	<input type="checkbox"/> Authorized	Lee's Summit, MO 64086
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input checked="" type="checkbox"/> Manager	 Name: Matthew Suddock	 <input type="checkbox"/> Manager	 Name:
<input checked="" type="checkbox"/> Member	Address: 11406 W. 164th Terr.	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	Overland Park, KS 66221	<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.

Matthew D Suddock  
Signature of an authorized person

Matthew D Suddock  
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: 9739178

Entity Name: EMPOWER UV LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

was filed in this office on September 29, 2020, 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.

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SECRETARY OF STATE  
KANSAS



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 December 14, 2020

**SCOTT SCHWAB**  
**SECRETARY OF STATE**

Certificate ID: 1158726 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.