

MA1060012472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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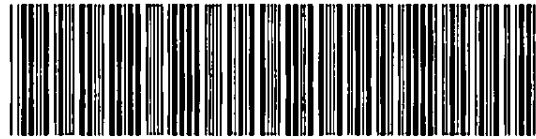
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FL

591

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GASTROINTESTINAL ASSOCIATES, 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:

MARIANNE O'CONNELL

Name of Person

GASTROINTESTINAL ASSOCIATES, LLC

Firm/Company

10116 WEST 105TH

Address

OVERLAND PARK, KS 66212

City/State and Zip Code

MOCONNELL@KC-GI.COM ✓

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

For further information concerning this matter, please call:

MARIANNE O'CONNELL

913

495-9600

at ()

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

Sep. 10. 2021 3:59AM

No. 8134 P. 2/2

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0802, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. GASTROINTESTINAL ASSOCIATES, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

GASTROINTESTINAL ASSOCIATES OF KS, LLC

(Provide unverifiable, open alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

KANSAS

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

48-0767137

3. (FED Number, if applicable)

7/1/2021

4. (Date first registered business in Florida, if prior to registration.)
(See sections 603.0904 & 603.0903, F.S. to determine your filing date.)

10116 WEST 105TH

5. (Street Address of Principal Office)

10116 WEST 105TH

6. (Mailing Address)

OVERLAND PARK, KS 66212

OVERLAND PARK, KS 66212

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

Name: CASSANDRA BUTNER

Office Address: 1400 SANDAL LANE UNIT 1420

PANAMA CITY BEACH

32413

Florida

(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.

CButner 9.10.21

(Registered agent's signature)

FILED
 2021 SEP 20 AM 11:32
 DEPT. OF STATE
 TALLAHASSEE, FL

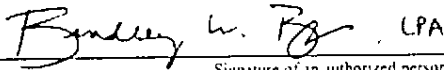
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>MARIANNE O'CONNELL</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>10116 WEST 105TH</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>OVERLAND PARK, KS 66212</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>MARY RENFRO</u>	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>10116 WEST 105TH</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>OVERLAND PARK, KS 66212</u>	<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: <u>BRADLEY W. BOAN</u>	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>8717 W. 110TH ST. STE 540</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>OVERLAND PARK, KS 66212</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other ^{CPA} _____	<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

BRADLEY W. BOAN, CPA

 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: 0049189

Entity Name: GASTROINTESTINAL ASSOCIATES, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

was filed in this office on December 19, 1969, 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 July 12, 2021

SCOTT SCHWAB
SECRETARY OF STATE

Certificate ID: 1183446 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.