

M23000004400

(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



500405520495

01/31/23--01021--021 \*\*150.00

2023 MAR 31 AM 10:23  
RECEIVED  
FILED

APR 05 2023

K. Brumby

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Allied National 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:

Patricia King

Name of Person

Allied National LLC

Firm/Company

4551 W 107th Street, Ste 100

Address

Overland Park, KS 66207

City/State and Zip Code

legal@alliednational.com

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

For further information concerning this matter, please call:

Patricia King

at (913)

945-4228

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

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. Allied National 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. Missouri  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 43-1625757  
(FEI number, if applicable)

4. 1.22000282549 was filed in error on 6-6-2022  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4551 W 107th Street, Ste 100  
(Street Address of Principal Office)

6. PO Box 29189  
(Mailing Address)

Overland Park, KS 66207

Overland Park, KS 66201

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.

Melissa Clarke  
(Registered agent's signature)

2023 MAR 31 AM 10:23

RECEIVED  
MAR 31 2023

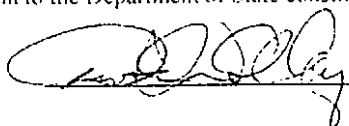
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Lisa Hodson</u>	<input checked="" type="checkbox"/> Manager	Name: <u>William M Ashley</u>
<input type="checkbox"/> Member	Address: <u>4551 W 107th Street, Ste 100</u>	<input type="checkbox"/> Member	Address: <u>4551 W 107th Street, Ste 100</u>
<input type="checkbox"/> Authorized	<u>Overland Park, KS 66207</u>	<input type="checkbox"/> Authorized	<u>Overland Park, KS 66207</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
 <input checked="" type="checkbox"/> Manager	Name: <u>David W Ashley</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>Gary D Ashley</u>
<input type="checkbox"/> Member	Address: <u>4551 W 107th Street, Ste 100</u>	<input type="checkbox"/> Member	Address: <u>4551 W 107th Street, Ste 100</u>
<input type="checkbox"/> Authorized	<u>Overland Park, KS 66207</u>	<input type="checkbox"/> Authorized	<u>Overland Park, KS 66207</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
 <input checked="" type="checkbox"/> Manager	Name: <u>Bradley Fisher</u>	 <input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u>4551 W 107th Street, Ste 100</u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u>Overland Park, KS 66207</u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

**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

David W Ashley

Typed or printed name of signer

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

**CORPORATION DIVISION**  
**CERTIFICATE OF GOOD STANDING**

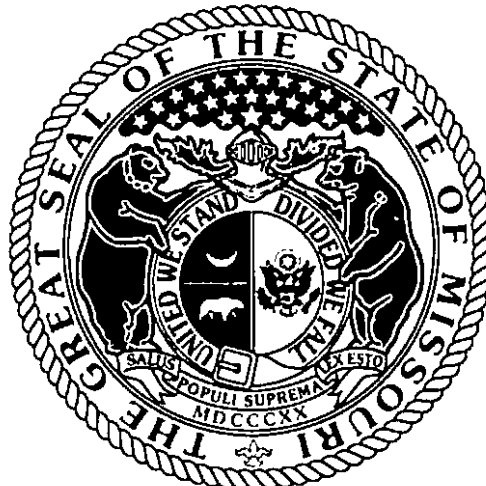
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

***ALLIED NATIONAL, LLC***  
***LC1711895***

was created under the laws of this State on the 11th day of December, 1992, 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 30th day of March, 2023.

  
Secretary of State



Certification Number: CERT-03302023-0062