

M23000015042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

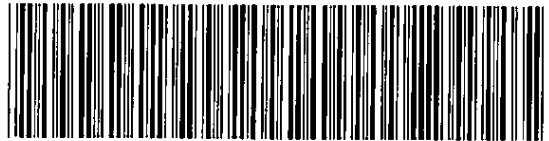
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23000157785

Office Use Only



200418720682

11/13/23--01007--022 **160.00

APPROVED
AND
FILED

2023 NOV 29 AM 11:25

NOV 30 2023

K. Brumley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 27, 2023

CHRIS CURRAN
1001 NW VESPER ST.
BLUE SPRINGS, MO 64015 US

SUBJECT: IMPACT MEDICAL SERVICES LLC
Ref. Number: W23000157785

We have received your document for IMPACT MEDICAL SERVICES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews
Regulatory Specialist II

Letter Number: 323A00026964

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Impact Medical Services 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:

Chris Curran

Name of Person

Impact Medical Services LLC

Firm/Company

1001 NW Vesper St.

Address

Blue Springs, MO. 64015

City/State and Zip Code

ccurran@impactmedicalkc.com

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

For further information concerning this matter, please call:

Sarah Jaks

708

310-9386

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

☐ \$120.00 Filing Fee

☐ \$155.00 Filing Fee

☐ \$200.00 Filing Fee

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. Impact Medical Services 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 3. 46-5405025
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/01/2023
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Impact Medical Services LLC 6. Impact Medical Services LLC
(Street Address of Principal Office) (Mailing Address)

1001 NW Vesper St. 1001 NW Vesper St.

Blue Springs, MO. 64015 Blue Springs, MO. 64015

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

Name: InCorp Services, Inc.

Office Address: 3458 Lakeshore Drive

Tallahassee, Florida 32312
(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.

APPROVED
AND
FILED

2023 NOV 29 AM 11:25

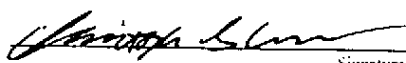
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Chris Curran</u>	<input type="checkbox"/> Manager	Name: <u>Mark Hastings</u>
<input type="checkbox"/> Member	Address: <u>15004 Woodson St.</u>	<input type="checkbox"/> Member	Address: <u>2528 Angel Fish Place</u>
<input checked="" type="checkbox"/> Authorized	<u>Overland Park, KS. 66223</u>	<input checked="" type="checkbox"/> Authorized	<u>Lee's Summit, MO. 64086</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.

 11/7/2023
Signature of an authorized person

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

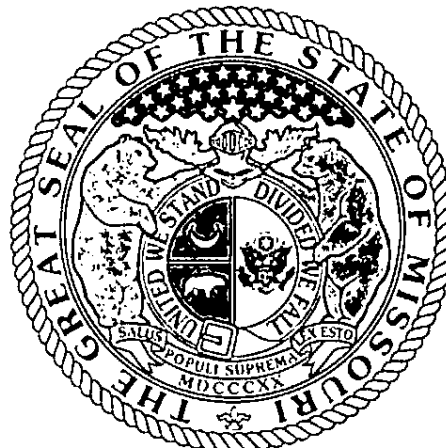
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Impact Medical Services LLC
LC1393092

was created under the laws of this State on the 9th day of April, 2014, 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 29th day of November, 2023.


Secretary of State



Certification Number: CERT-11292023-0005