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**Division of Corporations**  
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To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.  
 Account Number : I20160000017  
 Phone : (855)498-5500  
 Fax Number : (800)432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company**  
**STONECREEK REALTY SERVICES, LLC**

|                       |          |
|-----------------------|----------|
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**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. StoneCreek Realty 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. Kansas 3. 27-4173412  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. June 4, 2024  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 11225 College Blvd., Ste 400 6. 11225 College Blvd., Ste 400  
(Street Address of Principal Office) (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: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

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.*

Shawna L. Smith

(Registered agent's signature)

Shawna L. Smith, Assistant Secretary on  
behalf of Capitol Corporate Services, Inc.

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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>David M. Harvey</u>         | <input type="checkbox"/> Manager           | Name: <u>Teri Harvey</u>                     |
| <input checked="" type="checkbox"/> Member | Address: _____                       | <input checked="" type="checkbox"/> Member | Address: <u>11225 College Blvd., Ste 400</u> |
| <input type="checkbox"/> Authorized        | <u>11225 College Blvd., Ste 400</u>  | <input type="checkbox"/> Authorized        | <u>Overland Park, KS 66210</u>               |
| Person                                     | <u>Overland Park, KS 66210</u>       | Person                                     | _____  |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____         |
| <br><input type="checkbox"/> Manager       | Name: <u>Robert L. Smith</u>         | <br><input type="checkbox"/> Manager       | Name: _____                                  |
| <input checked="" type="checkbox"/> Member | Address: <u>1511 Baltimore Ave</u>   | <input type="checkbox"/> Member            | Address: _____                               |
| <input type="checkbox"/> Authorized        | <u>Kansas City, MO 64108</u>         | <input type="checkbox"/> Authorized        | _____  |
| Person                                     | _____                                | Person                                     | _____  |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____         |
| <br><input type="checkbox"/> Manager       | Name: _____                          | <br><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.

/s/ David M. Harvey

Signature of an authorized person

David M. Harvey

Typed or printed name of signer

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STATE OF KANSAS  
OFFICE OF SECRETARY OF STATE  
CERTIFICATE OF GOOD STANDING

I, SCOTT SCHWAB, Kansas Secretary of State, certify that the records of this office reveal the following:

Business ID: 6483929

Business Name: StoneCreek Realty Services, LLC

Type: Domestic Limited Liability Company

Jurisdiction: Kansas

was filed in this office on December 06, 2010, 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 affix my official certification seal.  
Done at the City of Topeka,  
on this day June 04, 2024.

SCOTT SCHWAB  
KANSAS SECRETARY OF STATE

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