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TALLAHASSEE, FLORIDA

OCT -1 2015
N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

Advastar, Inc.

SUBJECT: _____

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Carly Baird

Name of Person

Advastar, Inc.

Firm/Company

4501 College Blvd, Ste 130

Address

Leawood, KS 66211

City/State and Zip code

admin@advastargroup.com

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

For further information concerning this matter, please call:

Carly Baird

913

730-7738

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Advastar, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Kansas 3. 46-0534479
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/09/2012 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6. 07/01/2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4501 College Blvd, Ste 130, Leawood, KS 66211
(Principal office address)

(Current mailing address, if different)

8. 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)

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9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Corporation Service Company
By: [Signature] Michael Cambareri
Asst. Vice President
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Tim Shearer

Address: 4501 College Blvd, Ste 130

Leawood, KS 66211

Director: _____

Address: _____

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B. OFFICERS

President: David Case

Address: 4501 College Blvd, Ste 130

Leawood, KS 66211

Vice President: _____

Address: _____

Secretary: Carly Baird

Address: 4501 College Blvd, Ste 130, Leawood, KS 66211

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Carly Baird, Office Manager
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Carly Baird, Office Manager

(Typed or printed name and capacity of person signing application)

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify,
that according to the records of this office.

Business Entity ID Number: 6667398

Entity Name: ADVASTAR, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

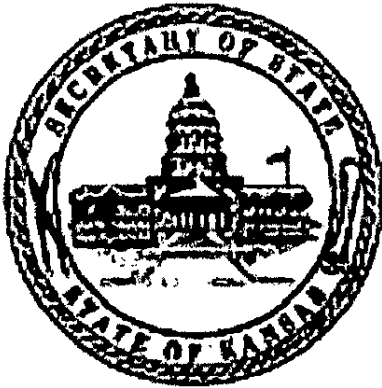
Resident Agent: DAVID J CASE

Registered Office: 3907 W 73RD TERRACE, PRAIRIE VILLAGE, KS 66208

was filed in this office on July 09, 2012, 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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TALLAHASSEE, FLORIDA



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 September 14, 2015

A handwritten signature in cursive script that reads "Kris W. Kobach".

KRIS W. KOBACH
SECRETARY OF STATE

Certificate ID: 709066 - To verify the validity of this certificate please visit
<https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.