# F 16000001000

	questor's Name)	
(Re	equestors ivame)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
,	•	,
(Do	cument Number)	
(20	ou,,,one, turnion,	
Certified Copies	Cortificatos	of Status
Certified Copies	_ Certificates	OI Status
Special Instructions to	Filing Officer:	
		ľ

Office Use Only



000280629090

01/28/16--01008--008 \*\*70.00

16 FEB 25 PH IZ: 38
SECRETARY OF STATE
TALL AND SEE FLORIO

MAR O 3 2016 J. HARRIS

## **COVER LETTER**

	Registration Sec Division of Corp				
SUBJEC	CT:	re Who	te Pala	diN Grou	PInc
				ı - must include suffi	<del></del>
Dear Sir	or Madam:				
"Certifica	ate of Existence		of Good Star	nding" and check are	ansact Business in Florida," submitted to register the
				r to the following:	
<u>A</u> r	thony	Pontier	•	Person  Youp I-no	
	ر، ٠	•	Name of	Person	
The	White	Palad	IN G	roup Inc	o,
	•		Firm/Con	npany	
<u> 55</u>	00 W	169 St	_		
			Auur		
016	er laind	Park	Ks	66 208 and Zip code	
tony	· Pontier	E-mail address	te Palad	for future annual rep	ort notification)
					· · · · · · · · · · · · · · · · · · ·
For Turtne	er information of	concerning this n	natter, piease	caii:	
Anth	Ony Pr Name of Person	ontier	at ( <u>913</u> Area Coo	) 107 - I le Daytime T	1639 elephone Number
R D C 2	STREET/COUR Registration Sec Division of Corp Clifton Building 1661 Executive of Callahassee, FL	orations Center Circle	S:	Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314
Enclosed	is a check for t	he following am	ount:		
\$70.00	0 Filing Fee	S78.75 Filin Certificate		3 \$78.75 Filing Fee Certified Copy	&   \$87.50 Filing Fee, Certificate of Status & Certified Copy



# FLORIDA DEPARTMENT OF STATE Division of Corporations

February 2, 2016

ANTHONY PONTIER 5500 W 69 ST OVERLAND PARK, KS 66208

SUBJECT: THE WHITE PALADIN GROUP, INC.

Ref. Number: W16000007291

We have received your document for THE WHITE PALADIN GROUP, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

AHOCHE 2/32/16

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 316A00002226

16 FEB 25 PHI2: 38
SECRETARY OF STATE

#### 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. (Enter name of corporation; must include "INCORPORATED." "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) (State or country under the law of which it is incorporated) Perpetual
(Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) overland Park Ks 5500 (Principal office address) Same (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NORMANDY TRACE Office Address: 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.

(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. DIRECTOR		
Chairman:	ANTHONY Pontier	
Address:	5500 W 69 St	
	Overland Park Ks 66208	
Vice Chairman:	NA	
Address:		,
Director:	N/A	
Address:		
	N/A	
B. OFFICERS  President:	Anthony Pontier some as above	AS 6
Address:S	same as above	grange and granger
Vice President:	N/A	HIZ: 38
Address:		>
Secretary:	N/A	
Address:	/ 4	
Treasurer:	N/A	
Address:		
	ssary, you may attach an addendum to the application listing additional of	ficers and/or directors.
12.	W/A	· · · · · · · · · · · · · · · · · · ·
The officer or dir are true and that l a third degree fel-	rector signing this document (and who is listed in number 11 above) affirm he or she is aware that false information submitted in a document to the E lony as provided for in s.817.155, F.S.	ms that the facts stated herein Department of State constitutes
13. Antho	Typed or printed name and capacity of person signing application	<u></u>
	(Typed or printed name and canacity of person signing application	n)

### 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: 2653111

Entity Name: THE WHITE PALADIN GROUP, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: ANTHONY L. POINTER

Registered Office: 5500 W 69TH ST, OVERLAND PARK, KS 66208

was filed in this office on September 24, 1998, 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 January 21, 2016

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 752106 - To verify the validity of this certificate please visit <a href="https://www.kansas.gov/bess/flow/validate">https://www.kansas.gov/bess/flow/validate</a> and enter the certificate ID number.

1/21/2016 5:45 DM