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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Boston Bookkeeping & Name of corporation - must	Accounting Solutions Inc.
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authori "Certificate of Existence," or "Certificate of Good Standing" a above referenced foreign corporation to transact business in Flo	nd check are submitted to register the
Please return all correspondence concerning this matter to the f	ollowing:
Larry Bell Name of Person	
Name of Person	· · · · · · · · · · · · · · · · · · ·
Boston Bookkeeping & Acc Firm/Company 10000 College Blvd Address	counting Solytions Inc
Firm/Company	
10000 College Blud	Suite 260
Address	
- Verland Park KS	66210
Overland Park KS City/State and Zip of Larry & boston bookke E-mail address: (to be used for future)	e annual report notification)
For further information concerning this matter, please call:	
Name of Person at (508) Area Code	772-1724 Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
	ATE 5 Filing Fee & \$87.50 Filing Fee, Gertificate 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. Boston Bookkeeping & Accounting Solutions Tuc
(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. 39-2049529 (State or country under the law of which it is incorporated) (FEI number, if applicable)

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

10000 College Blva Suite 260, Overland Park, KS 66210
(Principal office street address)

7111 West | 5|st St. # 365 Overland Park, KS 66223
(Current mailing address, if different)

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

Larry Bell 927 F. New Haven Ave. Suite 304 Melbourne .Florida 32901 (City) (Zip code) 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.

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.

A. DIRECTORS				
□Chairman	Name: Larry Bell 9842 Nieman PL. Address: Overland Park, 156214	□Chairman	Name:	
□Vice Chairman	Address: Overland Park, 156214	□Vice Chairman	Address:	
□Director		□Director		
President		□President		<u></u>
□Vice President		□ Vice President		
□Secretary	□Treasurer	Secretary		□Treasurer
□Other	□Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		Treasurer
□Other	Other	Other	··	□Other
□Chairman	Name:	□Chairman	Name:	
	Name:			
	Address:			
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Vice Chairman □Director □President	Address:	□Vice Chairman	Address:	
□Vice Chairman □Director □President	Address:	□Vice Chairman □Director □President	Address:	
□ Vice Chairman □ Director □ President □ Vice President	Address:	□Vice Chairman □Director □President □Vice President	Address:	
□ Vice Chairman □ Director □ President □ Vice President □ Secretary □ Other	Address:	□Vice Chairman □Director □President □Vice President □Secretary □Other □hment will be imaged tof State Annual Re	Address:	□Treasurer □Other
□ Vice Chairman □ Director □ President □ Vice President □ Secretary □ Other Important Notice: Individuals may be 12 The officer or direct	☐ Treasurer ☐ Other Jsc an attachment to report more than six (6). The attac added to the index when filing your Florida Department	□Vice Chairman □Director □President □Vice President □Secretary □Other □hment will be imaged tof State Annual Resident	d for reporting purport form.	□Treasurer □Other

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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: 6157077

Business Name: BOSTON BOOKKEEPING & ACCOUNTING SOLUTIONS INC.

Type: Domestic For-Profit Corporation

Jurisdiction: Kansas

was filed in this office on February 15, 2007, 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 01, 2024.

SCOTT SCHWAB
KANSAS SECRETARY OF STATE

Certification Number: 222982-20240601 To verify the validity of this certificate please visit https://www.sos.ks.gov/eforms/BusinessEntity/CertificdValidationSearch.aspx and enter certificate number.