

FZ5000000 890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

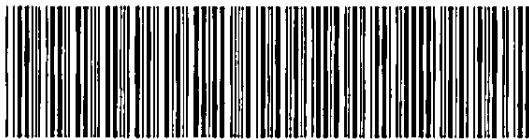
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W25000000856

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12/03/24--01011--015 **70.00

02/13/25--01002--001 **450.00

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DIVISION OF CORPORATIONS
25 FEB -1, PM 4:26



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2025

CRYSTAL MITTS
9750 QUIVIRA RD
LENEXA, KS 66215 US

SUBJECT: SAMPLER STORES, INC.
Ref. Number: W25000000856

We have received your document for SAMPLER STORES, 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):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$450.00.

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 .

Emani D Manning
Regulatory Specialist II

Letter Number: 925A00000214

RECEIVED

FEB 04 2025

**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. Sampler Stores, 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. 48-1120606
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/30/1992 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 04/01/2022
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9750 Quivira Rd, Lenexa, KS 66215
(Principal office street address)

(Current mailing address, if different)

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


Name: Capitol Corporate Services, Inc.

Office Address: 515 E Park Ave, 2nd FL

Tallahassee, Florida 32301
(City) (Zip code)

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)

Brian Radecki, Assistant Secretary, on
behalf of Capitol Corporate Services, Inc.

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

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A. DIRECTORS

☐ Chairman Name: Aaron Liebert
☐ Vice Chairman Address: 9750 Quivira Rd
☐ Director Lenexa, KS 66215
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Dirk Liebert
☐ Vice Chairman Address: 9750 Quivira Rd
☐ Director Lenexa, KS 66215
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

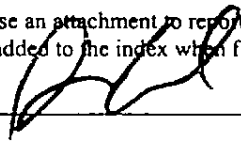
☐ Chairman Name: Kristen Liebert
☐ Vice Chairman Address: 9750 Quivira Rd
☐ Director Lenexa, KS 66215
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Mabel Liebert
☐ Vice Chairman Address: 9750 Quivira Rd
☐ Director Lenexa, KS 66215
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Timothy Liebert
☐ Vice Chairman Address: 9750 Quivira Rd
☐ Director Lenexa, KS 66215
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Rachel Boley
☐ Vice Chairman Address: 9750 Quivira Rd
☒ Director Lenexa, KS 66215
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ 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.

12. 
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. Aaron Liebert, President/CEO
(Typed or printed name and capacity of person signing application)

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: 2018406

Business Name: SAMPLER STORES, INC.

Type: Domestic For-Profit Corporation

Jurisdiction: Kansas

was filed in this office on September 30, 1992, 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 October 30, 2024.

SCOTT SCHWAB
KANSAS SECRETARY OF STATE