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## COVER LETTER

	Registration Division of	n Section Corporations	, , , , , , , , , , , , , , , , , , ,			;	
SUBJEC		e Clarity Serv	vices, L.L.C.				
SUBJEC	.1:		Name of	Limited Liability (	Company	_ <del>'</del>	
						unsact Business in Florida," Ce y company to transact business	
Please re	turn all corre	spondence co	oncerning this matter to the	following:			
	Tit	Tany E. Thon	npson			i	
			N	ame of Person			
	Tit	fany E. Thom	npson, Attorney at Law				
	,		Fi	rm/Company		<del> </del>	
4611 South 96th Street, Suite 250							
				Address			
	On	1aha, NE 681.	27				
			City/S	tate and Zip Code			
	tthor	npson@tetho	mpsonlaw.com				
			E-mail address: (to be used	for future annual	report not	ification)	
For furth	er informatic	on concerning	this matter, please call:				
	Titfany E. T	hompson		402 at (	612-594	49	
		Name of	Contact Person	Area Code	Day	time Telephone Number	
	MAILING A Division of C Registration P.O. Box 63: Tallahassee,	Corporations Section 27			Division of Registrati Clifton Bi 2661 Exc	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	is a check fo	or the followin Filing Fee	ng amount:  \$\Boxed\$\$ \$130.00 Filing Fee &  Certificate of Status	□ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee. Certif of Status & Certified Copy	icate

## 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. Absolute Clarity Service	es, L.L.C. Limited Liability Company, must include "Limite	ed Liability Con	mpany." "L.L.C" or "LLC	. (*)	_
(7.18.11.0 5. 2.2.1.0			,,		
	ame adopted for the purpose of transacting business in Flo	orida. The alternate	name must include "Limited	Liability Company," "L.L.C." or "	IIC.7
2. Nebraska		3		1	_
(Jurisdiction under the law of wh	nich foreign limited liability company is organized)		(FEI m	umber, if applicable)	
4. Upon registration				<u> </u>	
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) rine penalty liabilit	y)	1	
5. 14907 Laurel Avenue		6.			
Omaha, NE 68116	rincipal Office)		(Mailing A	iddress)	_
Ontana, INE 06110	<del> </del>				_
7. Normand street address	a of Florida registered agent. (P.O. Por	NOT accor	vahla)		
	s of Florida registered agent: (P.O. Box	( MOT accel	naoie)		سور سوراً
Name:	Registered Agents Inc.		_	1	AC P
Office Address:	3030 N. Rocky Point Drive, Suite 105		_	•	Lυ
	Tampa		, Florida 33607 (Zip o		ಜರ
	(City)		, Florida(Zip o	code)	7
	Registered agent's	signature)			
	-	_		1	
8. The name, title or caps <u>Title or Capacity:</u>	acity and address of the person(s) who h  Name and Address:		onty to manage is/are r Capacity:	: Name and Addres	is:
Manager	Rodney Parker				
	14907 Laurel Ave Omaha, NE 68116				
		_		•	
		<u> </u>	<del></del>		
(Lise attachments if pages	ears)	_			
(Use attachments if neces	sary)				
	of existence, no more than 90 days old, of which it is organized. (If the certifica ubmitted)				
					-
<ol> <li>This document is execute submitted in a document to th</li> </ol>	d in accordance with section 605,0203 (1) (to Department of State constitutes a third deg	), Florida Stat Telony as p	utes. I am aware that an provided for in s.817.15	y false information 5, F.S.	
.=-	T CT				
	Signature of an aut	horized person	<del>- }</del>		
	Rodney Parker, M.				
	Typed or printed a	same of signee			

## STATE OF NEBRASKA

United States of America, State of Nebraska ss

Secretary of State State Capitol Lincoln, Nebraska

I, John A. Gale, Secretary of State of the State of Nebraska, do hereby certify that

ABSOLUTE CLARITY SERVICES, L.L.C.

was duly formed under the laws of Nebraska on February 24, 2017;

all fees, taxes, and penalties due under the Nebraska Uniform Limited Liability Company Act or other law to the Secretary of State have been paid;

the Company's most recent biennial report required by section 21-125 has been filed by the Secretary of State;

the Secretary of State has not administratively dissolved the company;

the Company has not delivered to the Secretary of State for filing a Statement of Dissolution;

a Statement of Termination has not been filed by the Secretary of State.

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

In Testimony Whereof,



I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on this date of

November 16, 2017

Secretary of State