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MARK A. PIEPER
ATTORNEY
markpieper@mgwl.com

November 30, 2020

VIA FEDERAL EXPRESS

Florida Department of State Division of Corporations Registration Section 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RE: BEHLEN RE, LLC

Our File No.: 3151-0234

Dear Division of Corporations:

Enclosed for filing in your offices, please find the following:

- 1. A cover letter for BEHLEN RE, LLC:
- 2. Application By Foreign Limited Liability Company for Authorization to Transact Business in Florida;
- 3. Original Certificate of Good Standing from the State of Nebraska concerning BEHLEN RE, LLC; and
- 4. A check in the amount of \$130.00 payable to the Florida Department of State/Division of Corporations in connection with the \$100.00 filing fee, \$30.00 Designation of Registered Agent and \$5.00 Certificate of Status.

Please file the enclosures in your offices and return the certificate of status and certified copy in the enclosed pre-paid Federal Express envelope. If you have any questions with respect to the enclosures, please contact the undersigned directly.

Very truly yours,

Mouth A. Kinpu

Mark A. Pieper FOR THE FIRM

Enclosures

COVER LETTER

SUBJEC	Behlen RE, LLC				
SUBJEC	Name of Limited Liability Company				
		Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact business.			
Please ret	turn all correspondence concerning this matter	to the following:			
	Mark A. Pieper, Esq.				
•		Name of Person	-		
. McGill, Gotsdiner, Workman & Lepp, P.		o, P.C., L.L.O.	16.22		
11404 West Dodge Road, Suite 500		Firm/Company	DEC.		
		:	2.		
		Address	: '		
	Omaha, NE 68154	, = \$, \$.	PM 2:1:2		
	•	City/State and Zip Code			
	markpieper@mgwl.com				
	E-mail address: (to b	oe used for future annual report notification)	-		
For furthe	er information concerning this matter, please co	all:			
Mark A. Pieper		402 492-9200 at ()			
-	Name of Contact Person	Area Code Daytime Telephone Number	•		
Mailing Address:		Street Address:			
Registration Section		Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			
		Tallahassee, FL 32303			
i	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE	PARTMENT OF STATE			
ί	□ \$125.00 Filing Fee ■ \$130.00 Filing F Certificate				

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: I. Behlen RE, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") Behlen Real Estate, LLC (If name unavailable, enter ahemate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") Nebraska 81-4361408 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605.0905, F.S. to determine penalty liability) 4025 East 23rd Street 4025 East 23rd Street (Street Address of Principal Office) Columbus, NE 68601 Columbus, NE 68601 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Matt Hanson Name: 2812 Tallevast Road Office Address: Sarasota Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place

Having been named as registered agent and to accept service of process for the above stated limited liability company 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)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
■Manager	Name: Philip M. Raimondo	≣Manager	Name: Anthony F. Raimondo, Jr.	
□Member	Address: 4025 East 23rd Street	□Member	Address: 4025 East 23rd Street	
Authorized	Columbus, NE 68601	□Authorized	Columbus, NE 68601	
Person		Person		
⊟Other	■ Other CEO	□Other		
□Manager	Name: Matt Hanson	≣Manager	Name: A. F. Raimondo	
□Member	Address: 4025 East 23rd Street	□Member	Address: 4025 East 23rd Street	
□Authorized	Columbus, NE 68601	□Authorized	Columbus, NE 68601	
Person		Person		
■Other	Other	Other	Other	
			, · · · · ·	
□Manager	Name:	□Manager	Name:	
□Member	Address:	Member	Address:	
□Authorized		☐ Authorized		
Person		Person		
□Other	Other	□Other	Other	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Matt Housen
Signature of an authorized person Matt Hanson, As its Authorized Representative

Typed or printed name of signee

STATE OF NEBRASKA

United States of America, State of Nebraska

ss.

Sccretary of State State Capitol Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the State of Nebraska, do hereby certify that

BEHLEN RE, LLC

was duly formed under the laws of Nebraska on October 27, 2016;

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;

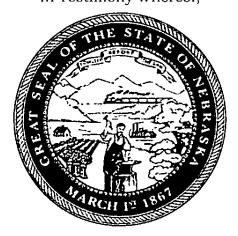
the Secretary of State has not administratively dissolved the company;

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. 50

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 19, 2020

Secretary of State