

Ma2000012725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

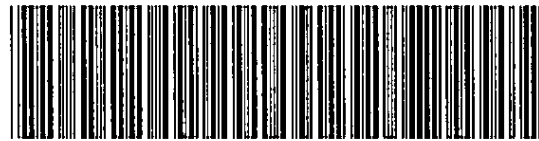
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300391962483

08/10/22--01013--010 **130.00

FILED
2022 AUG 10 PM 3:27
CLERK OF DISTRICT COURT
STATE OF FLORIDA

T. LEMIEUX
AUG 15 2022



DVORAK

Law Group, LLC

August 9, 2022

VIA FEDERAL EXPRESS

Florida Secretary of State
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 North Monroe Street
Suite 810
Tallahassee, FL 32303

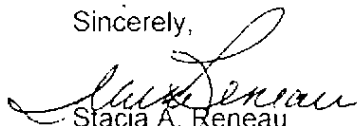
Re: Artisan Rebuilders LLC-Application by Foreign Limited Liability Company for
Authorization to Transact Business in Florida

Dear Madam or Sir:

Please process the enclosed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida. I would also like to request a Certificate of Status to be returned to my attention using the enclosed Federal Express label. Our firm's check in the amount of \$130.00 is enclosed to cover the \$125 filing fee and \$5 fee for a Certificate of Status.

Please do not hesitate to contact me at (402) 502.7656 or sreneau@ddlawgroup.com if you have any questions.

Sincerely,


Stacia A. Reneau
Paralegal

enclosures

OMAHA, NE

9500 West Dodge Rd., Suite 100
68114

402.934.4770

HASTINGS, NE

515 West 3rd St.
68901

402.463.3125

SUTTON, NE

214 North Saunders Ave.
68979

402.773.5225

COLUMBUS, NE

3214 25th St. 68601
PO Box 145 68602-0145

402.564.5880

NORTH PLATTE, NE

315 North Dewey, Suite 202 69101
PO Box 1005 69103-1005

308.532.0551

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Artisan Rebuilders LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Patrick A. Tefft

Name of Person

Dvorak Law Group, LLC

Firm/Company

9500 W. Dodge Rd., Ste 100

Address

Omaha, NE 68114

City/State and Zip Code

ptefft@ddlawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick A. Tefft

402

614-8299

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

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. Artisan Rebuilders LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Artisan Solutions LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 88-2676476
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 14 E Main St 6. 14 E Main St
(Street Address of Principal Office) (Mailing Address)

Springfield, OH 45502

Springfield, OH 45502

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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 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.

Nichol McCroy

Nichol McCroy, Asst. Secretary

FILED
2022 AUG 10 PM 3:28
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

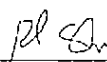
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: <u>Accuserve Solutions, Inc.</u>	☐ Manager	Name: _____
☒ Member	Address: <u>14 E Main St</u>	☐ Member	Address: _____
☐ Authorized	<u>Springfield, OH 45502</u>	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
 ☐ Manager	Name: _____	 ☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
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. Non-indexed 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.


Signature of an authorized person

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "ARTISAN REBUILDERS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE SIXTH DAY OF JUNE, A.D. 2022, AT 12:22 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



6798585 8315

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204107769