

F18000002037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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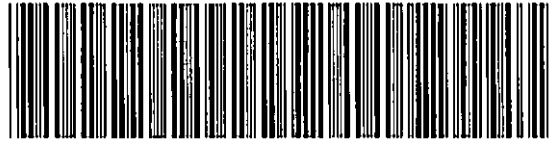
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAY 02 2018

COVER LETTER

TO: Registration Section
Division of Corporations

Lick Creek, Inc

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
Martin R. Helgersen

Name of Person

Lick Creek, Inc

Firm/Company

5750 NE 36th Ave Road

Address

Ocala, FL 34479

City/State and Zip code

marty@awsllc.net

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

For further information concerning this matter, please call:

Martin Helgersen

641- 226-1984

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

RECEIVED
2018 APR 27 PM 1:26
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

*Principal
address*

**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. Lick Creek, 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. Iowa 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 6, 1998 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. June 28, 2013
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. _____
(Principal office address)
5750 NE 36th Ave. Road
Ocala, FL 34479
(Current mailing address, if different)

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

Name: Martin Helgeson

Office Address: 5750 NE 36th Ave. Road

Ocala, FL , Florida 34479
(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)

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. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: John Helgersen

Address: 11374 140th Street

Ottumwa, Iowa 52501

Vice Chairman: Martin Helgersen

Address: 5750 NE 36th Ave. Road

Ocala, FL 34479

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: John Helgersen

Address: 11374 140th Street

Vice President: Martin Helgersen

Address: 5750 NE 36th Ave. Road

Secretary: John Helgersen

11374 140th Street

Address: Ottumwa, Iowa 52501

John Helgersen

Treasurer: _____

11374 140th Street

Address: Ottumwa, Iowa 52501

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Martin Helgersen

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. Martin Helgersen Vice President

(Typed or printed name and capacity of person signing application)

**IOWA SECRETARY OF STATE
PAUL D. PATE**



CERTIFICATE OF EXISTENCE

Date: 4/17/2018

Name: LICK CREEK, INC. (490 DP - 216420)

Date of Incorporation: 4/9/1998

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

Certificate ID: CS147817

To validate certificates visit:
sos.iowa.gov/ValidateCertificate

A handwritten signature in black ink, appearing to read "Paul D. Pate", with a stylized flourish at the end.

Paul D. Pate, Iowa Secretary of State