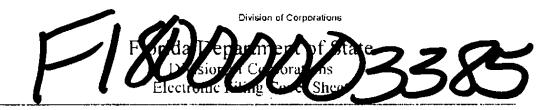
7/24/2018



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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### FOREIGN PROFIT/NONPROFIT CORPORATION

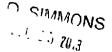
## **Hamilton Long Distance Company**

Certificate of Status	0
Certified Copy	ı
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Estimated Charge	\$78.75

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# 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.

(Enter name of c	corporation; must include "INCORPORA	TED," "COMPANY," "CORPORATIO	N,"			
"Inc.," "Co.," "C	Com," "Inc," "Co," or "Carp.")					
(If name unavail	able in Florida, enter alternate corporate	name adopted for the purpose of transacti	ing business in Florida)			
2. Nebraska	<u> </u>	3				
(State or count	ry under the law of which it is incorporate	(FEI number, if a	pplicable)			
4. 09/27/1994		5. Perpetual				
(Date	of incorporation)	(Date of duration, if other than perpetual)				
6. Upon Qualifica			<u></u>			
	·	ness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liabi	ility)			
7, 1006 12th Street,	, Aurora, NE 68818					
	(1	Principal office address)				
same			T.S. 6			
	(Current	mailing address, if different)				
0.57	A Janes CPI (Janes)	. (D.O. D NOT	聖			
8. Name and sire	et address of Florida registered agent	: (P.O. Box <u>NOT</u> acceptable)	SSE 22			
Name:	C T Corporation System					
Office Address:	1200 South Pine Island Road		FLORIDI			
•	Pol 1 2		ADA TE			
	Plantation (City)	, Florida <u>33324</u> (Zip code)	,			
	` ',	(=				
	ent's acceptance: ned as registered agent and to accept	t vervice of process for the above sta	ted compration at the place			
designated in this	s application, I hereby accept the app	pointment as registered agent and ag	gree to act in this capacity. I			
	comply with the provisions of all stat familiar with and accept the obligati					
	C T Corporation System					
	By: Which Holden					
_		stered 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.

age 4 of 6	2018-07-24 11:33.05 CST	19542080845 From. Rai
11. Names and business addres	uses of officers and/or directors	
A. DIRECTORS SEE ATTAC	HMENT	
Chairman:		
Address:		
Vice Chairman:		
Address:		
B. OFFICERS SEE ATTACH	MENT	N 24 NASSE
President: Phillip C. Nelson		me.
Address: 1006 12th Street		100 g
Aurora, NE 68818		<u> </u>
Vice President: James E. Nelson		
Address: 1006 12th Street		
Aurora, NE 68818		
Secretary: Gary Warren		
Address: 1006 12th Street, Aurora	a, NE 63318	
Treasurer: Gury Warren		
Address: 1006 12th Street, Aurora	a, NE 68818	
	attach an addendum to the application listing addition	al officers and/or directors.
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. John Nelson, Vice President

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

#### Attachment to Florida Officers & Directors

1 Full Name: Nancy K Nelson,

Officer/Director: Officer

Officer's Title: Vice President

Director's Title:

**Business Address:** 1006 12th Street

Aurora City: State: NE ZIP Code: 68818 2 Full Name: John Nelson Officer/Director: Officer

Officer's Title: Vice President

Director's Title:

**Business Address:** 1006 12th Street

City: Aurora State: NE ZIP Code: 88818

3 Full Name: Phillip C. Nelson Officer/Director: Officer, Director Officer's Title: President Director's Title: Director

**Business Address:** 1006 12th Street

City: Aurora NE State: ZIP Code: 68818

James E. Nelson 4 Full Name: Officer/Director: Officer, Director Officer's Title: Vice President Director's Title: Director

Business Address: 1006 12th Street Aurora

City:

State: NE 68818 ZIP Code:

5 Full Name: Dwight Griffith Officer/Director: Director

Officer's Title:

Director's Title: Director

**Business Address:** 1006 12th Street

Clty: Aurora State: NE ZIP Code: 68818

## STATE OF NEBRASKA

United States of America, State of Nebraska

Secretary of State State Capitol Lincoln, Nebraska,

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

#### HAMILTON LONG DISTANCE COMPANY

incorporated on September 27, 1994 and is duly incorporated under the law of Nebraska:

that no occupation taxes due from and assessable against the Corporation are unpaid and have become delinquent;

that no annual or biennial report required to be forwarded by the Corporation to the Secretary of State has become delinquent;

that Articles of Dissolution have not been filed.

This certificate is not to be construed as an endorsement. recommendation, or notice of approval of the antity'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

July 20, 2018

Secretary of State