

7/24/2018

Division of Corporations

F180002131843385

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H18000213184 3)))



H180002131843ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION**Hamilton Long Distance Company**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

RECEIVED

2018 JUL 24 PM 1:43

2018 JUL 24 PM 1:43
2018 JUL 24 PM 1:43
2018 JUL 24 PM 1:43

FILED
18 JUN 24 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

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. Hamilton Long Distance Company
(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. Nebraska 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/27/1994 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 1006 12th Street, Aurora, NE 68818
(Principal office address)

same
(Current mailing address, if different)

8. 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)

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.

C T Corporation System

By: [Signature]
(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.

FILED
JUN 24 AM 9:43
18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS *SEE ATTACHMENT*

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS *SEE ATTACHMENT*

President: Phillip C. Nelson

Address: 1006 12th Street

Aurora, NE 68818

Vice President: James E. Nelson

Address: 1006 12th Street

Aurora, NE 68818

Secretary: Gary Warren

Address: 1006 12th Street, Aurora, NE 68818

Treasurer: Gary Warren

Address: 1006 12th Street, Aurora, NE 68818

NOTE: If necessary, you may attach an addendum to the application listing additional 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)

FILED
JUN 24 AM 9 43
18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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
City: Aurora
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: 68818
- 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
State: NE
ZIP Code: 68818
- 4 Full Name: James E. Nelson
Officer/Director: Officer, Director
Officer's Title: Vice President
Director's Title: Director
Business Address: 1006 12th Street
City: Aurora

State: NE
ZIP Code: 68818
- 5 Full Name: Dwight Griffith
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 1006 12th Street
City: Aurora
State: NE
ZIP Code: 68818

STATE OF NEBRASKA

United States of America, } ss.
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 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

July 20, 2018



John A. Gale
Secretary of State