F19000002543

(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:				
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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 1, 2019

JOHN DEACON 140 GRAND ST., STE 300 WHITE PLAINS, NY 10601

SUBJECT: AMBER ENTERPRISES, INC.

Ref. Number: W19000042671

We have received your document for AMBER ENTERPRISES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

An individual must sign on behalf of the business entity you have designated as the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 719A00008759

RECEIVED MAY 3 0 2019

COVER LETTER

TO:	Registration Section Division of Corporations	
	Amber Enter	prises. Inc.
SUBJ	Name of corpo	ration - must include suffix
D C	Na za Madami	
	Sir or Madam:	
"Certif	nclosed "Application by Foreign Corporation ficate of Existence," or "Certificate of Goo referenced foreign corporation to transact	on for Authorization to Transact Business in Florida," d Standing" and check are submitted to register the business in Florida.
Please	return all correspondence concerning this	matter to the following:
		nn Deacon
		ne of Person
	Licen	seLogix, LLC
		1/Company
	140 Gra	nd Si., Suite 300
	White P	Address lains, NY 10601
	· · · · · · · · · · · · · · · · · · ·	State and Zip code :: onts@incorp.com :: ontswift :: o
		nts@incorp.com
	E-mail address: (to be	used for future annual report notification)
For fur	rther information concerning this matter, p	
Deacon	on behalf of LicenseLogix, LLC 800	
		a 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
Enclos	sed is a check for the following amount:	
a \$70	0.00 Filing Fee	

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.

	orporation; must include "INCORPORATED forp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
(If name unavai) Nebraska	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida) 47-0723983	
(State or country under the law of which it is incorporated) 06/08/1998		(FEI number, if applicable) Perpetual	
(Date of incorporation) Upon Filing		(Date of duration, if other than perpetual)	
10004 So. 152	nd Street, Ste. A. Omaha, NE 68138 (Prince	ipal office address)	
	(Current mail	ing address, if different)	
Name and <u>stree</u> Name:	et address of Florida registered agent: (P. Corporate Creations Network Inc.	O. Box NOT acceptable)	
ice Address:	11380 Prosperity Farms Road #221E		
	Palm Beach Gardens (City)	33410 :: (Zip code) ::	
Registered ag	ent's acceptance:	(2)	

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.

on behalf of Incorp Services, Inc.

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	st.
A. DIRECTORS	
Chairman	
Address:	
Vice Charmon:	
Address:	
<u> </u>	
Director.	
Address:	
Director,	}
Address:	
B. OFFICERS	
President: See attached fist	
Address.	7 7
	7E
Vice President.	
Address:	,
	<u> </u>
Secretary.	0)
Address:	
Fraisure:	
Addiess	
NOTE: If necessary, you hay attach an addendum to the app	lication listing additional officers and or directors.
Signature of Director of the officer or vircetor signing this document (and who is listen true and that he or sho is aware that talse information submit third degree felony as provided for in \$.817.155, F.S.	ed in number 11 above) affirms that the facts stated herein-
Michael P. Jurgens, Secretary	
(Typed or printed name and capacity	of person signing application)

Board of Directors

Name	Title	Address
Randall B. Edeker	Chairman	5820 Westown Parkway
		West Des Moines, IA 50266
Michael R. Agostino	Director	10004 S. 152 nd Street
		Omaha, NE 68135
Michael P. Jurgens	Director	5820 Westown Parkway
		West Des Moines, IA 50266
Sheila M. Laing	Director	5820 Westown Parkway
-		West Des Moines, IA 50266
Michael D. Skokan	Director	5820 Westown Parkway
		West Des Moines, IA 50266
Jay T. Marshall	Director	5820 Westown Parkway
		West Des Moines, IA 50266
Kristin K. Williams	Director	5820 Westown Parkway
		West Des Moines, IA 50266
Matt Ludwig	Director	5820 Westown Parkway
		West Des Moines, IA 50266
Aaron Wiese	Director	5820 Westown Parkway
		West Des Moines, IA 50266
Karen L. Boriskey	Director	5820 Westown Parkway
		West Des Moines, IA 50266
Angela Nelson	Director	5820 Westown Parkway 😭
		West Des Moines, IA 50266

STATE OF NEBRASKA

United States of America, State of Nebraska

Secretary of State State Capitol Lincoln, Nebraska

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

AMBER ENTERPRISES, INC.

incorporated on February 8, 1989 and is duly incorporated under the law of Nebraska;

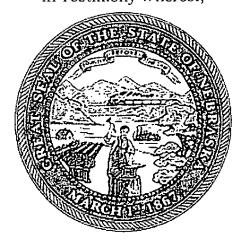
that no occupation taxes due from and assessable against the Corporation are unpaid and have become delinquent;

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 busine's 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

April 17, 2019

Secretary of State