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TALLAHASSEE, FLORIDA

C. LEWIS

DEC 14 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 15, 2010

JEFF JAUCH / NEWCO RIDERS, LLC  
1100 ROCKFORD ROAD, SW  
CEDAR RAPIDS, IA 52404

SUBJECT: NEWCO RIDERS, LLC  
Ref. Number: W10000053415

We have received your document for NEWCO RIDERS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 310A00026731

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NEWCO RIDERS, 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:

JEFF JAUCH  
Name of Person  
NEWCO RIDERS, LLC  
Firm/Company  
1100 ROCKFORD ROAD, SW  
Address  
CEDAR RAPIDS, IOWA 52404  
City/State and Zip Code  
JJAUCH@ROUGHRIDERSHOCKEY.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFF JAUCH at (319) 247-0340  
Name of Person Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee ☒ \$130.00 Filing Fee &  
Certificate of Status ☐ \$155.00 Filing Fee &  
Certified Copy ☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. NEWCO RIVERS, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. COLORADO 3. 27-0227821  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. MAY 07, 2009 5. PERPETUAL  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. SEPT 1/10  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 1530 CLERMONT, #304  
NAPLES, FLORIDA 34109  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Tony SDAO 1100 ROCKFORD ROAD, SW  
CEAR RAPIDS, IOWA  
52404

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: ACCOUNTING

Tony Sdao  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

TONY SDAO

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

NEWCO RIBERS, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

JAW SDAO-NEWCO RIBERS, LLC

(Name)

1530 CLERMONT, #304

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

NAPLES, FL 34109

City/State/Zip

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*



(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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2010 DEC 13 AM 11:14  
TALLAHASSEE, FLORIDA  
STATE SECRETARY OF STATE



*I, BERNIE BUESCHER, SECRETARY OF STATE OF THE STATE OF  
COLORADO HEREBY CERTIFY THAT ACCORDING TO THE RECORDS OF THIS  
OFFICE,*

*NEWCO RIDERS, LLC  
(COLORADO LIMITED LIABILITY COMPANY)*

*BECAME ORGANIZED UPON FILING ARTICLES OF ORGANIZATION DATED  
MAY 07, 2009.*

*Dated: October 21, 2010*

A handwritten signature in cursive script that reads "Bernie Buescher". The signature is written in black ink and is positioned above a horizontal line.

SECRETARY OF STATE