

M11000001732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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APR - 6 2011

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11 APR - 5 PM 5:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PAPPAJOHN, SHRIVER, EIDE & NIELSEN P.C.**

LAWYERS

103 EAST STATE STREET, SUITE 800

MASON CITY, IOWA 50401

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P.O. BOX 1588  
MASON CITY, IA 50402-1588

TELEPHONE (641) 423-4264  
FAX (641) 423-3145  
PAPPAJOHN.LAW.COM

April 1, 2011

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

Re: No Snow One, L.L.C.

Dear Sir or Madam:

I am enclosing herewith for filing the following documents, to-wit:

1. Cover Letter;
2. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
3. Certificate of Designation of Registered Agent/Registered Office; and
4. Check payable to Florida Secretary of State for \$160.00.

After the above documents have been filed, please return to me a Certificate of Status and Certified Copy.

If you should have any questions or concerns, please let me know. Thank you.

Very truly yours,

PAPPAJOHN, SHRIVER, EIDE & NIELSEN P.C.

By:

David A. Grooters

DAG/ajh  
Enclosures

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NO SNOW ONE, L.L.C.

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:

DAVID A. GROOTERS

Name of Person

PAPPAJOHN, SHRIVER, EIDE & NIELSEN P.C.

Firm/Company

103 EAST STATE STREET, SUITE 800

Address

MASON CITY, IOWA 50401

City/State and Zip Code

GROOTERS@PAPPAJOHNLAW.COM

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

For further information concerning this matter, please call:

DAVID A. GROOTERS

Name of Person

at ( 641 ) 423-4264

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. NO SNOW ONE, L.L.C.**

(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. IOWA**

(Jurisdiction under the law of which foreign limited liability company is organized)

**3.**

(FEI number, if applicable)

**4. February 22, 2011**

(Date of Organization)

**5. PERPETUAL**

(Duration: Year limited liability company will cease to exist or "perpetual")

**6.**

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

**7. 803 NORTH SHORE DRIVE**

**CLEAR LAKE, IOWA 50428**

(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:

**STEVEN L. HANSEN**

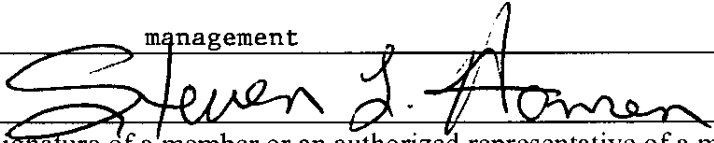
**803 NORTH SHORE DRIVE**

**CLEAR LAKE, IOWA 50428**

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: **real estate**

management

  
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.)

**STEVEN L. HANSEN**

Typed or printed name of signee

**FILED**  
**11 APR -5 PM 5:03**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**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:

NO SNOW ONE, L.L.C.

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:

CORPORATION SERVICE COMPANY

(Name)

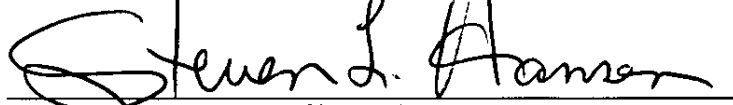
1201 HAYS STREET

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

TALLAHASSEE FL 32301

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)

**IOWA SECRETARY OF STATE  
MATT SCHULTZ**



Date: 3/31/2011

**CERTIFICATE OF EXISTENCE**

Name: NO SNOW ONE, L.L.C. (489DLC - 412413)

Date of Incorporation: 2/22/2011

Duration: PERPETUAL

I, Matt Schultz, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the limited liability company named on this certificate is in existence and was duly incorporated under the laws of Iowa, that all fees required by the Iowa Revised Uniform Limited Liability Company Act have been paid by the limited liability company, that the most recent biennial corporate report required has been filed by the Secretary of State, and that articles of dissolution have not been filed.

Certificate ID: **CS52103**

To validate certificates visit:

**[www.sos.state.ia.us/ValidateCertificate](http://www.sos.state.ia.us/ValidateCertificate)**

A handwritten signature in black ink, appearing to read "Matt Schultz", written over a horizontal line.

Matt Schultz  
Iowa Secretary of State