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COVER LETTER

TO:

Registration Section Division of Corporations

LOZIER STORE FIXTURES, 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:

SHERRI GUNDERSON

Name of Person

LOZIER STORE FIXTURES, LLC

Firm/Company

6336 PERSHING DR

Address

OMAHA, NE 68110

City/State and Zip Code

SHERRI.GUNDERSON@LOZIER.BIZ

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

For further information concerning this matter, please call:

SHERRI GUNDERSON

402

457-8525

Name of Contact 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 TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LOZIER STORE FIXTURES, LLC	
(Name of Foreign Limited Liability Company; must in	clude "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose o Liability Company," "L.L.C," or "LLC.")	f transacting business in Florida. The alternate name must include "Limited
_{2.} NE	_{3.} 47-2097334
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
_{4.} 10/17/2014	
(Date first transacted business	in Florida, if prior to registration.) 05, F.S. to determine penalty liability)
_{5.} 6336 PERSHING DR	
OMAHA, NE 68110	
·	ess of Principal Office)
_{6.} 6336 PERSHING DR	A. 20
OMAHA, NE 68110	
(Ma	ailing Address)
7. The name, title or capacity and address of the po	erson(s) who has/have authority to manage B/are:
JAN MULLER, VP & TREASURE	R PROPERTY OF THE PROPERTY OF
6336 PERSHING DR	
OMAHA, NE 68110	
,	o more than 90 days old, duly authenticated by the official the law of which it is organized. (A photocopy is not

8. 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)

Signature of an authorized person

(In accordance with section 605.0203, 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.)

JAN MULLER

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liability Comp	• • • • • • • • • • • • • • • • • • •	
If unavailable	, the alternate to be used in th	ne state of Florida is:	
2. The name	and the Florida street address	of the registered agent and office are:	
	INCORP SERV	/ICES, INC.	
		(Name)	-
	17888 67TH C	OURT NORTH	
	Florida Street Ac	idress (P.O. Box NOT ACCEPTABLE)	-
	LOXAHATCHEE	33470	
		City/State/Zip	-
77 1 1		to accept service of process for the above:	atatad limitad

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 605, Florida Statutes.

- 71 /1 V

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

STATE OF NEBRASKA

United States of America, } ss. State of Nebraska }

Secretary of State State Capitol Lincoln, Nebraska

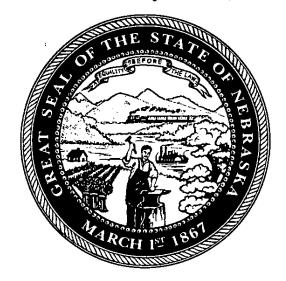
I, John A. Gale, Secretary of State of the State of Nebraska, do hereby certify that

LOZIER STORE FIXTURES, LLC

a limited liability company duly formed under the laws of this state on October 17, 2014, has paid all applicable fees, taxes and penalties to the Secretary of State; the most recent biennial report required has been filed; the company has not delivered to the Secretary of State a statement of dissolution or termination or been administratively dissolved by the Secretary of State and said limited liability company is in existence as of this date.

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

November 5, 2014

Secretary of State