

MI5000002962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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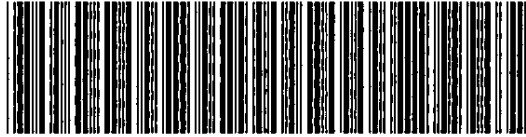
(Business Entity Name)

(Document Number)

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

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JANUARY 15, 2015

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: K-D Chapman, 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:

**Robert Gonderinger**

Name of Person

**Croker, Huck, Kasher, DeWitt, Anderson & Gonderinger, L.L.C.**

Firm/Company

**2120 S 72nd Street, Suite 1200**

Address

**Omaha, NE 68124**

City/State and Zip Code

**rgonderinger@crokerlaw.com**

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

For further information concerning this matter, please call:

**Robert Gonderinger**

Name of Contact Person

at ( **402** )

Area Code

**391-6777**

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  
266J 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. K-D Chapman, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Nebraska

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

3. 47-0398310

(FEI number, if applicable)

4. Upon Filing

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2400 W Third St

Grand Island, NE 68803

(Street Address of Principal Office)

6. 2400 W Third St

Grand Island, NE 68803

(Mailing Address)

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TALLAHASSEE, FLORIDA


7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Managers -- Timothy P. Berry, Ralph J. Knobbe, Danny J. Ediger, David K. Brown & Jerome S. Delaney

2400 W Third St

Grand Island, NE 68803

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.)

Timothy P. Berry, Manager

Typed or printed name of signee

# 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

## K-D CHAPMAN, LLC

a limited liability company duly formed under the laws of this state on  
February 20, 2015, 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.*

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SECRETARY OF STATE  
FALLS CHURCH, VIRGINIA

In Testimony Whereof,



I have hereunto set my hand and  
affixed the Great Seal of the  
State of Nebraska on this date of

March 26, 2015

*John A. Gale*  
Secretary of State

**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.

1. The name of the Limited Liability Company is:

K-D Chapman, 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:

Corporation Service Company  
(Name)

1201 Hayes Street  
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Jallahassee FL 32301  
City/State/Zip

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*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.*

Janette M<sup>C</sup>Indye, Assist VP.  
(Signature)

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