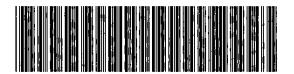
# MILLODOOSAIT

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
W4-30	439			

Office Use Only



800284684888

05/17/16--01024--017 \*\*100.00

04/22/16--01019--011 \*\*663.75



HAY 17 2013 O.BRUCE



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 25, 2016

BRUCE S. NEILL 600 HARVEY LANE FREDONIA, KS 66736

SUBJECT: NEILL INVESTMENTS LLC

Ref. Number: W16000030438

We have received your document for NEILL INVESTMENTS LLC and your check(s) totaling \$663.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to proper file application, the civil penalty and annual report filing fees total \$638.75.

There is a balance due of \$100.00.

A certificate of existence or a certificate of good standing, dated no more than 900 days prior to the delivery of the application to the Department of State duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 616A00008440

#### **COVER LETTER**

T0:

SUBJECT: Neill Truestments 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:  Bruce S. Neill  Name of Person  Neill Truestments LLC  Firm/Company  600 Harvey Lane  Address  Fredonia KS, 66736  City/State and Zip Code  bruce neill 45@gmail . com  E-neal address: (tobe used for future annual report notification)  For further information concerning this matter, please call:  Bruce S. Neill  Name of Contact Person  MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327  Tallahassee, FL 32314  Enclosed is a check for the following amount:  MST25.00 Filing Fee \$ \$155.00 Filing Fee & \$160.00 Fiting Fee, Certificate of Status & Certificat Copy	T0:	Registration Section Division of Corporatio	ns			
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:  Bruce S. Neill  Name of Person  Neill Tryestments LC  Firm/Company  600 Harvey Lane  Address  Fredoria KS 667366  City/State and Zip Code  bruce neill 45@gmail - com  E-neil address: (tobe used for future annual report notification)  For further information concerning this matter, please call:  Bruce S. Neill  Name of Contact Person  MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327  Tallahassee, FL 32314  Enclosed is a check for the following amount:  MST25/09Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$156.00 Filing Fee. Certificate						
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:  Bruce S. Neill  Name of Person  Neill Tryestments LC  Firm/Company  600 Harvey Lane  Address  Fredoria KS 667366  City/State and Zip Code  bruce neill 45@gmail - com  E-neil address: (tobe used for future annual report notification)  For further information concerning this matter, please call:  Bruce S. Neill  Name of Contact Person  MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327  Tallahassee, FL 32314  Enclosed is a check for the following amount:  MST25/09Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$156.00 Filing Fee. Certificate	SUBJI	ECT: Ne	ill Investmen	ts		
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:  Bruce S. Neill  Name of Person  Neill Investments UC  Firm/Company  GOO Harvey Lane  Address  Fredoria KS, G6736  City/State and Zip Code  bruce neill 45@ gmail com  E-mail address: (tibbe used for future annual report notification)  Bruce S. Neill  Name of Contact Person  MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327  Tallahassee, FL 32314  Enclosed is a check for the following amount:  MSI25.00h*filing Fee   \$13.0.00 Filing Fee &   \$155.00 Filing Fee &   \$160.00 Filing Fee. Certificate			Name of	Limited Liability Company		
Bruce S. Neill  Name of Person  Neill Investments LLC Firm/Company  GOO Harvey Lane  Address  Fredoria KS, G6736  City/State and Zip Code  bruce neill 45@ gmail · Com  E-mail address: (tobe used for future annual report notification)  Bruce S. Neill  Name of Contact Person  MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount:  MST25:00 Filing Fee \$ \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate						
Name of Person  Neill Trivestments LLC Firm/Company  600 Harvey Lane Address  Fredoria KS, 66736 City/State and Zip Code  bruce neill 45@ gmail · Com E-mail address: (to be used for future annual report notification)  Bruce S. Neill Name of Contact Person  MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount:  MST25:00Filing Fee	Please	return all correspondence	concerning this matter to the	following:		
Neill Investments LLC   Firm/Company		Bruce	S. Neill			
Firm/Company  Address  Fredoria KS, Colo736  City/State and Zip Code  bruce neitl 45@ gmail · com  E-mail address: (to/be used for future annual report notification)  Bruce S. Neitl  Name of Contact Person  Area Code  MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount:  MST25:00Filing Fee \$ \$130.00 Filing Fee & \$ \$155.00 Filing Fee & \$ \$160.00 Filing Fee, Certificate			Ņ	ame of Person		
Firm/Company  Address  Fredoria KS, Colo736  City/State and Zip Code  bruce neitl 45@ gmail · com  E-mail address: (to/be used for future annual report notification)  Bruce S. Neitl  Name of Contact Person  Area Code  MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount:  MST25:00Filing Fee \$ \$130.00 Filing Fee & \$ \$155.00 Filing Fee & \$ \$160.00 Filing Fee, Certificate		, latel	Ta lack as a sky			
Fredonia KS (60736 City/State and Zip Code    Druce neill 45@ gmail · Com   E-mail address: (tobe used for future annual report notification)   For further information concerning this matter, please call:    Bruce S   Neill		Nen				
Fredonia KS 166736  City/State and Zip Code  bruce neill 45@ gmail · Com  E-mail address: (to be used for future annual report notification)  Bruce S. Neill  Name of Contact Person  MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount:  MS125:00 Filing Fee \$ \$130.00 Filing Fee & \$155.00 Filing Fee \$ \$160.00 Filing Fee. Certificate						
Fredonia KS 166736  City/State and Zip Code  bruce neill 45@ gmail · Com  E-mail address: (to be used for future annual report notification)  Bruce S. Neill  Name of Contact Person  MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount:  MS125:00 Filing Fee \$ \$130.00 Filing Fee & \$155.00 Filing Fee \$ \$160.00 Filing Fee. Certificate		600	Harvey Lane	2_		
Bruce   Semail   Semail   Com   E-mail address: (to be used for future annual report notification)   For further information concerning this matter, please call:     Bruce   Semail				Address		
Bruce   Semail   Semail   Com   E-mail address: (to be used for future annual report notification)   For further information concerning this matter, please call:     Bruce   Semail		Fredor	nia VS 1.	1-721		
Bruce   Semail   Semail   Com   E-mail address: (to be used for future annual report notification)   For further information concerning this matter, please call:     Bruce   Semail		11200	City/S	tate and Zip Code		
For further information concerning this matter, please call:    Bruce S. Neil					2011 AL	
For further information concerning this matter, please call:    Bruce S. Neil		bruce	neill 45@ gma	il·com	-	<b>-</b> N
Name of Contact Person  MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, FL 32314  Enclosed is a check for the following amount:  MIST25:00 Filing Fee   \$130.00 Filing Fee &   \$155.00 Filing Fee &   \$160.00 Filing Fee, Certificate				a for future annual report no	unication)	
Name of Contact Person  MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, FL 32314  Enclosed is a check for the following amount:  MIST25:00 Filing Fee   \$130.00 Filing Fee &   \$155.00 Filing Fee &   \$160.00 Filing Fee, Certificate	For fur	ther information concerning	g this matter, please call:		SEC	in '
Name of Contact Person  Area Code  Daytime Telephone Tumber  MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, FL 32314  Enclosed is a check for the following amount:  MIST25:00 Filing Fee  Name of Contact Person  Area Code  Daytime Telephone Tumber  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301  Enclosed is a check for the following amount:  MIST25:00 Filing Fee  \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate			. 1			O
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount:  M\$\$125:00\text{Filing Fee}  \text{\$\substack{\text{\$130.00 \text{Filing Fee} & \$\substack{\$\substack{\$\text{\$\substack{\$\text{\$\substack{\$\text{\$\substack{\$\text{\$\substack{\$\text{\$\substack{\$\text{\$\substack{\$\text{\$\substack{\$\text{\$\substack{\$\text{\$\substack{\$\text{\$\substack{\$\text{\$\text{\$\text{\$\substack{\$\text{\$\text{\$\substack{\$\text{\$\text{\$\text{\$\text{\$\substack{\$\text{\$\text{\$\substack{\$\text{\$\substack{\$\text{\$\substack{\$\text{\$\substack{\$\text{\$\text{\$\text{\$\text{\$\text{\$\substack{\$\text{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex{						
Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301  Enclosed is a check for the following amount:    State		Name (	or Comact Person	Area Code Day	Annie Leiebuoue Aimine D	
Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301  Enclosed is a check for the following amount:    State						
P.O. Box 6327  Tallahassee, FL 32314  Enclosed is a check for the following amount:  Tallahassee, FL 32301  Enclosed is a check for the following amount:  Tallahassee, FL 32301  Enclosed is a check for the following amount:  Tallahassee, FL 32301  Enclosed is a check for the following amount:  Tallahassee, FL 32301			5			
Tallahassee, FL 32301  Enclosed is a check for the following amount:		P.O. Box 6327		Clifton B	Building	
Enclosed is a check for the following amount:  \$\infty \times \tin		Tallahassee, FL 32314				
▼15125:00 Filing Fee				t ananas:	see, FL 32301	
	Enclos			□ ¢155 00 ₽35 ₽ •	□ <b>€</b> 160 00 E35 E C	utiliant.
12		Mo125.001 mill rec				
				••		-

## 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:
1. Neil Investments 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 "L.L.C," or "L.L.C.")
2. Kansas 3. 38-1798424 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. August 2015 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5
(Street Address of Principal Office)  6. 600 Harvey Lane, Fredonia, KS 667.36
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Neill Truckt ments 11 C Rays S Neill
Name: Neill Investments LLC, Bruce S. Neill
Office Address: 819 S. Jade Drive
Key Largo, Florida 3303 75 E
Registered agent's acceptance:  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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith 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.  Bute I Manager  (Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Bruce S. Neill manager
9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)  Buce & Reill manager  Signature of an authorized person
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.
Bruce S Neill Manager Typed or printed name of signee

### STATE OF KANSAS OFFICE OF SECRETARY OF STATE

KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 4454112

Entity Name: NEILL INVESTMENTS LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: Bruce S Neill

Registered Office: 600 Harvey Lane, FREDONIA, KS 66736

was filed in this office on October 04, 2010, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of May 13, 2016

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 799048 - To verify the validity of this certificate please visit <a href="https://www.kansas.gov/bess/flow/validate">https://www.kansas.gov/bess/flow/validate</a> and enter the certificate ID number.