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## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 15, 2016

HEATHER CLARK KOLEY JESSEN P.C., L.L.O. 1125 S 103RD STREET STE 800 OMAHA, NE 68124

SUBJECT: DAVID NUCKOLLS PRODUCTIONS, LLC

Ref. Number: W16000043274

We have received your document for DAVID NUCKOLLS PRODUCTIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Shelia H Young Regulatory Specialist II

Letter Number: 716A00012575

SECRETARY OF STATES

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KOLEY JESSEN PC. LLO 1125 SOUTH 103RD STREET SUITE 800 OMAHA, NE 68124 PHONE. 402 390 9500 FAX. 402 390.9005

koleyjessen.com

## **KOLEY** JESSEN

ATTORNEYS

June 8, 2016

#### VIA US MAIL

Florida Corporation Commission **Division of Corporations** Registrations Section P.O. Box 6327 Tallahassee, FL 32314

Re:

David Nuckolls Productions, LLC

Our File No. 00211-0000

Dear Sir or Madam:

In connection with the qualification of David Nuckolls Productions, LLC, enclosed for filing is the Cover Sheet and the Application by Foreign Limited Liability Company for Authorization. enclosed is our Firm check in the amount of \$125.00 to cover the filing fee.

Should you have any questions regarding the enclosed, please do not hesitate to contact us.

Sincerely yours,

ther Clark Heather M. Clark

Paralegal

Enclosures

**HEATHER M. CLARK** 

## **COVER LETTER**

	David Nuckolls Pro	ductions, LLC				
SUBJECT:	Name of Limited Liability Company					
The enclosed Existence, ar	d "Application by For ad check are submitte	eign Limited Liability Comp d to register the above refer	oany for Authorizatenced foreign limit	ion to Tra ed liability	nsact Business in Florida," Certify company to transact business in	icate of Florida
Please return	all correspondence	concerning this matter to the	following:			
	Heather Clark					
		<del></del>				
	Koley Jessen P	.C., L.L.O.				
			<b>⇒</b> 0			
	1125 S 103rd S	treet, Suite 800				SECRETARY OF STATE A
	Address					9 77
	Omaha, Nebras	ka 68124				STATE OF THE STATE
	<del></del>	City/S	tate and Zip Code			3 24
	Heather.Clark@l	•••				る。言語
	<del></del>	E-mail address: (to be used	d for future annual	report not	ification)	<del></del>
For further in	nformation concernin	g this matter, please call:				
Bri	an Harr		402 at (	390-950	00	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.O	AILING ADDRESS: rision of Corporations gistration Section D. Box 6327 lahassee, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	a check for the follow \$125.00 Filing Fee	ring amount:  \$\square\$ \$\square\$ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	ite

# 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: David Nuckolls Productions, 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 Georgia (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 650 Americas Cup Cove, Alpharetta, GA 30005 (Street Address of Principal Office) 650 Americas Cup Cove, Alphatetta, GA 30005 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agent Solutions, Inc. Name: 155 Office Plaza Dr. Suite A Office Address: Tallahassee 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 pereby 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 Brenda David (Registered agent's signature) Asst. Secretary 8. The name, title or capacity and address of the erson(s) who has/have authority to manage is/are: David Nuckolls 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) 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. David W. Nuckolls

Typed or printed name of signee

Control Number: 16054792

## STATE OF GEORGIA

**Secretary of State** 

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530



## CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## David Nuckolls Productions, LLC

## a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction

Jurisdiction
Print Date
Form Number

: 13196943 : 06/06/2016 : Georgia

: 06/08/2016

:211



Brian P. Kemp Secretary of State