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MAY 2 3 2017 J SHIVERS

COVER LETTER

TO:

TO: Registration Section Division of Corporations
SUBJECT: Coleman's Custom Contracting, LIC 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:
Jeffrey Coleman Name of Person
Coleman's Custom Contracting, LLC Firm/Company
COOP NE 3rd St. # 26 Address
Dania, FL 33004 City/State and Zip Code
Colemans Custon @ Not Mail, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (305) 763-6592 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{array}{c} \pm \\$125.00 \text{ Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	INESS IN THE STATE OF FLORIDA:	POLICIMING IS SUBMILITED TO REG	ISTER A FOREIGN LIMITED LIABILITY
1. Coleman (Name of Foreign Li	S Custom Continued Limited Liability Company; must include "Lim	ited Liability Company," "L.L.C.," or "LLC	2.")
(If name unavailable, enter alternate nan	ne adopted for the purpose of transacting business in l	Florida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC.")
2. Neloraska (Jurisdiction under the law of which	th foreign limited liability company is organized)	3. (FEI n	55°-C45-1697155
4. none to	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to deter	in Sactions to registration.) rmine penalty liability)	
5. 633 Lake	shore Dr.	6. 3025 J	ine 84
Lincoln, NE	£ 68527	Lincoln, A	IE 68503
			ereni.
7. Name and street address	of Florida registered agent: (P.O. Bo	ox NOT acceptable)	AL 7
Name:	Jeff Coleman	<u></u>	
Office Address:	629 NE 3rd St	<u> </u>	23
	Dania	, Florida <u>33</u>	<u>004 </u>
Registered agent's accepta		(Zip	code)
	istered agent and to accept service of on, I hereby accept the appointment		
to comply with the provision	ns of all statutes relative to the prop		
	of my position as registered agent.		
-	(Registered agent	's signature)	
-	(Registered agent		
-	LAA JOA		:: Name and Address:
8. The name, title or capac	(Registered agent	has/have authority to manage is/are	
8. The name, title or capac	(Registered agent	has/have authority to manage is/are	
8. The name, title or capac Title or Capacity:	(Registered agent ity and address of the person(s) who Name and Address: Joff Chanan (A9 NE 3rd 3f. Dania, FL 33004 Erik (Sleman 3025 Vine 3f. Lincon, NE 6850	has/have authority to manage is/are	
8. The name, title or capac Title or Capacity: Deffective Member (Use attachments if necessary). Attached is a certificate of the capacity	(Registered agent ity and address of the person(s) who Name and Address: Joff Cdanan Land, Fl. 3304 Frik (Sleman John J. 1866 Ary) f existence, no more than 90 days old which it is organized. (If the certific omitted)	has/have authority to manage is/are Title or Capacity:	Name and Address: having custody of records in the
8. The name, title or capac Title or Capacity: Deff	(Registered agent ity and address of the person(s) who Name and Address: Joff Cdanan Land, Fl. 3304 Frik (Sleman John J. 1866 Ary) f existence, no more than 90 days old which it is organized. (If the certific omitted)	has/have authority to manage is/are Title or Capacity: d, duly authenticated by the official ate is in a foreign language, a trans are of an authorized person 03 (1) (b), Florida Statutes. I am av	having custody of records in the lation of the certificate under oath

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

COLEMAN'S CUSTOM CONTRACTING, LLC

was duly formed under the laws of Nebraska on April 15, 2011;

all fees, taxes, and penalties due under the Nebraska Uniform Limited. Liability Company Act or other law to the Secretary of State have been paid;

the Company's most recent biennial report required by section 21-125 has been filed by the Secretary of State;

the Secretary of State has not administratively dissolved the company;

the Company has not delivered to the Secretary of State for filing a Statement of Dissolution;

a Statement of Termination has not been filed by the Secretary of State.

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

May 18, 2017

Secretary of State