# M17000007159

(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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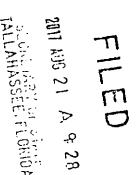
## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 11, 2017

CHRISTOPHER W NELSON 490 NE 150TH AVE WILLISTON, FL 32696

SUBJECT: C. NELSON EQUIPMENT, LLC

Ref. Number: W17000066031



We have received your document for C. NELSON EQUIPMENT, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 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.

Letter Number: 417A00016453

Deborah Bruce Regulatory Specialist III

www.sunbiz.org

### BRADLEY, BURNETT, KINYON, FERNALD & GREEN

PROFESSIONAL ASSOCIATION ATTORNEYS AT LAW 50 WASHINGTON STREET P. O. BOX 566 KEENE, NEW HAMPSHIRE 03431-0666

(603) 352-2030

HOMER S. BRADLEY, JR RAND S. BURNETT GARY J. KINYON BETH R FERNALD DOUGLAS F GREEN MARIA P. GAVIN

March 9, 2006

(603) 357-9334

E-MAIL rburnett@bbklawyers com

DIRECT DIAL (603) 352-2295 EXT. 108

Mr. Christopher W. Nelson 48 Bancroft Road Rindge, NH 03461

Re: C. Nelson Equipment, LLC

17 AUG 21 A 9 28 LUAL DANSSÉE, FLOKIDA

FILED

Dear Chris:

Enclosed for your records are a copy of the Certificate of Formation for your new limited liability company showing that it was effective on March 6, 2006, and a copy of the Application for Employer Identification Number which we submitted on-line. As you can see, the tax identification number for C. Nelson Equipment, LLC is 20-4453948. Lastly, I enclose one of the signed original counterparts of the signed Limited Liability Company Agreement. I will hold the other signed original in my file.

Beginning in 2007, your limited liability company will be required to file an annual report with and pay an annual fee to the New Hampshire Department of State by April 1<sup>st</sup>. Currently, the annual fee is \$100. Each January the Corporate Division office will mail you instructions for accessing the annual report form on its website. The report form can be printed out, completed, and mailed in with your check. Alternately, you can complete and file the report on-line and pay your fee by credit card. It is important to file your report and pay your fee by the April 1<sup>st</sup> deadline to avoid a \$25 per month late charge. Ultimately, failure to file your report and pay your fee will result in the dissolution of your limited liability company by the Secretary of State.

Please contact me if you have any questions. Good luck with your new limited liability company.

Sincerely.

Rand S. Burnett

/pwh Enclosures

#### **COVER LETTER**

SUBJECT:	C. Nelson Equipment, LLC										
ODJECT.		Name of Limited Liability Company									
		eign Limited Liability Comp d to register the above refer									
Please return	n all correspondence c	concerning this matter to the	following:								
	Christopher W	Nelson									
		N	ame of Person		<del></del>	_					
	C. Nelson Equi	pment, LLC									
	<u></u>	F	irm/Company		2017 3-1-1-1						
	490 NE 150th A	Ave			2017 AUG SLUKER ALLAHA	_ _					
	1.0.2	Address SN 2									
	Williston, FL 3	2696				_ M D					
	<del></del>	City/S	tate and Zip Code		0810 0810						
	chris@nefequipn				> €0						
		E-mail address: (to be use	d for future annua	report notific	cation)						
For further i	nformation concernin	g this matter, please call:		500	72/20						
Chris Nelson			352 at (	269-0989 )	cell						
	Name o	f Contact Person	Area Code	Daytin	ne 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								
	a check for the follow \$125.00 Filing Fee	ing amount:  \$\Bigsim \text{\$\subset\$130.00 Filing Fee & Certificate of Status}\$	□ \$155.00 Filiting Certified Copy		□ \$160.00 Filing Fee, of Status & Certified C						

## 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. C. Nelson Equipment, (Name of Foreign	LLC Limited Liability Company; must include "Limite	d Liabili	ly Company," "L.L.C.," or "LI	.C.")		<del>-</del>		
NEF Equipment, LLC	, ,,,							
	aime adopted for the purpose of transacting business in Flo	orida. The	ilternate name must include "Limite	d Liability (	Jonapany," "	L.L.C." or "LLC.")		
2 New Hamphshire		Biz ID 553351 Tax 1	D 20-44	153948				
(Jurisdiction under the law of w		number if	ipplicable)					
4 8/8/2017								
4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration	n.) - liability)		_			
5 Christopher Nelson	tine sections (65.0 to the world to the terms)	anc peach,	Christopher Nelson					
5. Christopher Incison (Street Address of	Principal Office)		6. (Mailing Address)					
490 NE 150th Ave			P.O. Box 66	<u></u>				
Williston, FL, 32696			Williston, FL 32696	<u> </u>	201			
				<u>}</u> :	.25-	77		
7. Name and street address	ss of Florida registered agent: (P.O. Box	CNOT	acceptable)	<del> </del>	901	40.00		
			,	SSE	21			
Name:	Christopher Nelson		m <sub>E</sub>	_	m			
Office Address:	490 NE 150th Ave		<u></u>	≥	U			
	Williston		32696	82	-,Q			
	(Citv)	, Florida <u>32696</u>	ip volde)	_ -23				
designated in this applicate to comply with the provis	egistered agent and to accept service of pation, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.	is regist and co	ered agent and agree to implete performance of Christopher Nelson	act in th	ris capac	city. I further agr		
4	(Registered agent's	signature)						
8. The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) who ha		authority to manage is/a itle or Capacity:		ame ang	<u>1 Address:</u>		
Manager	Christopher Nelson							
	490 NE 150th Ave Williston, FL 32696	 _ _		 				
	_					<del></del> .		
					-			
(Use attachments if neces	sary)	_						
	of existence, no more than 90 days old, of which it is organized. (If the certificat abmitted)							
	outed in accordance with section 605.020 to the Department of State constitutes a th							
	Signature	of an auth	orized person		_			
	Christopher Nelson							

Typed or printed name of signee

. . . .

## State of New Hampshire Department of State

#### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that C. NELSON EQUIPMENT, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on March 06, 2006. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 553351



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 17th day of August A.D. 2017.

William M. Gardner Secretary of State