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TO: Registration Section Division of Corporations

LYK CONSULTING LLC

SUBJECT: _

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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:

John S. Kampfe

Name of Person

Tiedeman, Lynch, Kampfe, McVay & Respeliers

Firm/Company

300 Overland Wolf Centre, 6910 Pacific Street

Certificate of Status

Address

Omaha, Nebraska 68106-1045

City/State and Zip Code

jsk@omahalaw.com

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

For further information concerning this matter, please call:

Michael J. VanBuskirk	402 at ()	981-9000		
Name of Contact Person	Area Code	Daytime Telephone Number		
MAILING ADDRESS:	<u>S</u>	TREET ADDRESS:		
Division of Corporations	Division of Corporations			
Registration Section	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:				
🖬 \$125.00 Filing Fee 🛛 🗖 \$130.00 Filing Fee &	□ \$155.00 Filing	Fee & 🛛 🗖 \$160.00 Filing Fee, Certificate		

Certified Copy

of Status & Certified Copy

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L LYK CONSULTING LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

2 NEBRASKA		3.		
(Jurisdiction under the law of wh	nch foreign limited liability company is organized)		(FEI number, if	applicable)
Effective with the date	of the filing of this Application.			
· · ·	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605 0905, F.S. to determ	registration) ine penalty liability)		
5. 1 Oceans West Boulev	ard	6. 1 Oce	ans West Boulevard	
(Street Address of P	runcipal Office)		(Mailing Address)	
Unit 9A2		Unit 9	A2	
Daytona Beach, Florida	a 32118	Dayto	na Beach, Florida 32118	
7. Name and <u>street addres</u> Name:	s of Florida registered agent: (P.O. Box Michael J. VanBuskirk	NOT accepta	ble)	SEP 10
Office Address:	1 Oceans West Boulevard, Unit 9A2			4 <u>1</u> 4 ~
	Daytona Beach		, Florida <u>32118</u>	برب رسم ا
	(Cuv)		(Zip code)	

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 comply with 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.

Hida Muzz stered agent's signatur

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
Manager	Michael J. VanBuskirk 1 Oceans West Blvd. Unit 9A2		
	Daytona Beach, FI 32118		<u></u>
	<u> </u>		······

(Use attachments if necessary)

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)

10. 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.

u 1 Signature of an authorized person

MICHAEL J. VANBUSKIRK

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

LYK CONSULTING LLC

was duly formed under the laws of Nebraska on June 9, 2008;

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.

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

> > August 24, 2017

frm A.X

Secretary of State

