

M18000001497

(Requestor's Name)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2018

BURT WICKERSHAM
2601 DOVER SQUARE
LAWRENCE, KS 66049

SUBJECT: OREAD, L.C.
Ref. Number: W18000008816

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

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 918A00001825

RECEIVED

FEB 09 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oread, L.C. LLC
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:

Burt W. Wickersham

Name of Person

Oread, L.C. LLC

Firm/Company

2601 Dover Square

Address

Lawrence, KS 66049

City/State and Zip Code

burt@meadowbrookapartments.net

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

For further information concerning this matter, please call:

Burt W. Wickersham

785

842-4200

at ()

Name of Contact Person

Area Code

Daytime 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

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

Mailed with previous correspondence / first attempt to register

**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. Oread, L.C. LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Kansas
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 48-0951938
(FEI number, if applicable)

4. 1/8/2018
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., in determining penalty liability)

5. 2601 Dover Square
(Street Address of Principal Office)
Lawrence, KS 66049
6. 2601 Dover Square
(Mailing Address)
Lawrence, KS 66049

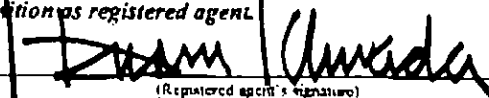
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: J. Duane Schwada

Office Address: 510 Bald Eagle Drive
Naples, Florida 34105
(City) (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.


(Registered agent's signature)

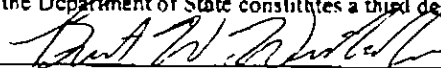
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>President</u>	<u>J. Duane Schwada</u> <u>2601 Dover Square</u> <u>Lawrence, KS 66049</u>	<u>CFO</u>	<u>Burt W. Wickersham</u> <u>2601 Dover Square</u> <u>Lawrence, KS 66049</u>
<u>Vice President</u>	<u>Steven Schwada</u> <u>2601 Dover Square</u> <u>Lawrence, KS 66049</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.


Signature of an authorized person

Burt W. Wickersham

Typed or printed name of signer

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: 2281293

Entity Name: OREAD, L.C.

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: JAMES DUANE SCHWADA

Registered Office: 2601 DOVER SQUARE P.O. BOX 628. LAWRENCE. KS 66044

was filed in this office on August 04, 1995, 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 January 22, 2018

KRIS W. KOBACH
SECRETARY OF STATE

Certificate ID: 1024206 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.