

M19000000481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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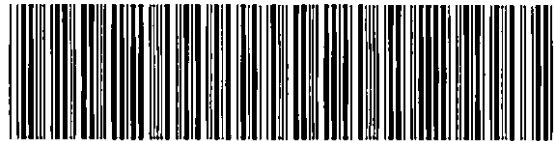
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I200000000088

Date: 01/14/2019

Name: Marisa Kugelmann

Reference #: 1035928

Entity Name: NHP AMZ, LLC

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other _____

Authorized Amount: \$125.00

Signature: mariskug

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NHP AMZ, 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:

ESTEFANIA RODRIGUEZ

Name of Person

DUGGAN BERTSCH, LLC

Firm/Company

303 WEST MADISON, SUITE 1000

Address

CHICAGO, ILLINOIS 60606

City/State and Zip Code

DLITTWIN@DUGGANBERTSCH.COM

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

For further information concerning this matter, please call:

DANIELLE LITWIN

Name of Contact Person

at (312)

Area Code

263-8600

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

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

IN COMPLIANCE WITH SECTION 605.0202, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. NHP AMZ, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. N/A
(If number, if applicable)

4. UPON FILING
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0203 & 605.0205, F.S. to determine penalty liability)

5. 125 SW 3RD PLACE, SUITE 205
(Street Address of Principal Office)
CAPE CORAL, FLORIDA 33991

6. 125 SW 3RD PLACE, SUITE 205
(Mailing Address)
CAPE CORAL, FLORIDA 33991

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

Name: COGENCY GLOBAL, INC

Office Address: 115 NORTH CALHOUN STREET, SUITE 4

TALLAHASSEE, Florida 32301
(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.

Anthony G. Mackey, Jr.
(Registered agent's signature)

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>MGR OF THE MGR</u>	<u>STEVEN A. RYE</u> <u>2310 SE 28TH ST</u> <u>CAPE CORAL, FL 33904</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.

STEVEN A. RYE
(Signature of an authorized person)

STEVEN A. RYE, MGR OF OMNIBUS MANAGEMENT SERVICES, LLC
(Typed or printed name of signer)

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NHP AMZ, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NHP AMZ, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

FILED
19 JAN 14 PM 7:39
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

7201453 8300

SR# 20190224869

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202067812

Date: 01-11-19