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TO: Registration Section

SUBJECT:	Nadermann Pr	coperties of Florid	la, LLC		 		
	Name of Limited Liability Company						
he enclosed "/ xistence, and c	Application by Foreign theck are submitted to	n Limited Liability Company register the above reference	for Authoriza d foreign limi	ation to Transact Busines ted liability company to	s in Florida," Cer transact business	rtificate c in Florid	
lease return all	correspondence conc	perming this matter to the follow	owing:				
	George Davis	s					
		Name	of Person				
	Locher & Dav	vis, PLC					
		Firm/0	Company				
	225 lst Aver	nue East					
		Λ	Idress				
	Dyersville,						
	tonynaderman	City/State	and Zip Code	:			
	E-	-mail address: (to be used for	future annua	l report notification)			
for further info	rmation concerning thi	is matter, please call:			=	_	
(George Davis	at	563	875-9112		5 =	
	Name of Co	ontact Person	Area Code	Daytime Telepho	ne Number	Ξ	
Divisie Registi	ING ADDRESS: on of Corporations ration Section ox 6327			STREET ADDRESS: Division of Corporatio Registration Section Clifton Building	ns Co	10 IIII 17 AM 7:	
	assee, FL 32314			2661 Executive Center Tallahassee, FL 32301		: 57	
	ed is a check for the formake check payable to	ollowing amount: to: FLORIDA DEPARTME	ENT OF STA	.TE			
_		S130.00 Filing Fee & Certificate of Status	\$155.00) Filing Fee & 🔼 St	60.00 Filing Fee. Status & Certifie		

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.		operties of Florida, LLC							
	(Name of Foreign Li	mited Liability Company; must include "Limite	d Liability	Company," "L.1.	C.," or "LLC."))			
CIC.	name imavailable, enter alternate nam	e adopted for the purpose of transacting business in Flo	rida The all	ernate name must in	clude "Limited Lin	hdity Company	""I 1 C'	' 12r "11 (
(Toopies for the purpose of data-ening outside 2 Bir is		ernate natio (pag, gi	Chac halled Lia	conquent.	5.20.	0, 2,,	,
2.	I owa			84-1986622					
	(fursdiction under the law of which	nich foreign limited liability company is organized)		(FEI number, if appl)		
4.	N/A								
		(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration. ine penalty l) ability)					
5.	2135 Creek W		6.	2135 Cre	ek Wood				
	(Street Address of Pru	ncipal Office)			(Mailing Add	lress)		-	
	Dubuque, Iow	a 52003		Dubuque,	Iowa 5	2003			
								-	
7.	Name and street address	of Florida registered agent: (P.O. Box	NOT a	cceptable)		i	Z::	2	
							ريا سنز د د د د د د د د د د د د د د د د د د د		
	Name:	Robert J. Hynds						JUN 17	
		630 S. Orange Avenue,	Suite	200				A	C
	Office Address:	-							
		Sarasota		, Florid	a 34236		2000 2000 2000 2000 2000 2000 2000 200	7: 57	
	•	(City)			(Zip cod	ic)			

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 surgitature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Terry Nadermann Name: Tony Nadermann Manager Manager Name: Address: 16323 Thunder Ridge Drive Address: 2135 Creek Wood Drive Member Member 4 52003 Dubuque, Iowa Peosta, Iowa 52068 Authorized Authorized Person Person Other Other Other____ Other Name: Name: Manager Manager Member Address: _____ Member | Address: Authorized Authorized Person Person Other Other Other Other Manager Name: Manager Member Address: Member Authorized Authorized Person Person Other_ Other Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. Tony Nadermann Typed or printed name of signee

IOWA SECRETARY OF STATE PAUL D. PATE



CERTIFICATE OF EXISTENCE

Issue Date: 6/5/2019

Name: NADERMANN PROPERTIES OF FLORIDA, LLC (489DLC - 601461)

Date of Incorporation: 5/16/2019

Duration: PERPETUAL

- I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:
 - a. The entity is in existence and duly incorporated under the laws of Iowa.
 - b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
 - c. The most recent biennial report required has been filed with the Secretary of State.
 - d. The Secretary of State has not administratively dissolved the limited liability company.
 - e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: CS168944

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State