

M190000008429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

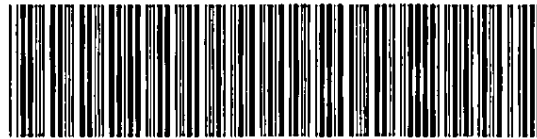
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2019 AUG 28 AM 8:07
U.S. DISTRICT COURT
DISTRICT OF COLUMBIA

B KINSEY
AUG 30 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2019

KAREN ESTRY
PO BOX 162967
ALTAMONTE SPRINGS, FL 32716-2967

SUBJECT: NOV BROTHERS HOLDINGS LLC
Ref. Number: W19000077472

We have received your document for NOV BROTHERS HOLDINGS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s). We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 419A00017256

RECEIVED

AUG 28 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOV BROTHERS HOLDINGS 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:

KAREN ESTRY, ESQUIRE

Name of Person

LAW OFFICES OF ALPER & ESTRY

Firm/Company

P. O. BOX 162967

Address

ALTAMONTE SPRINGS, FL 32716-2967

City/State and Zip Code

KAREN@ALTAMONTELAW.COM

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

For further information concerning this matter, please call:

KAREN ESTRY

407

869-0900

Name of Contact Person

at ()

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

2019 AUG 28 AM 8:07

FILED

**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. NOV BROTHERS HOLDINGS LLC

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

NOV BRO'S HOLDINGS 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. WYOMING

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

3. 47-5456363

(FEI number, if applicable)

4. N/A

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. NOV BROTHERS HOLDINGS LLC

(Street Address of Principal Office)

711 NORTH DONNELLY ST.

MOUNT DORA, FL 32757

6. NOV BROTHERS HOLDINGS LLC

(Mailing Address)

P.O. 1407

MOUNT DORA, FL 32757

2019 AUG 28 AM 8:07

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

Name: KAREN ESTRY, ESQUIRE

Office Address: 516 DOUGLAS AVENUE, SUITE 1106

ALTAMONTE SPRINGS


(City)

, Florida 32714

(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:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

MGR

SAVANNAH HOWELL

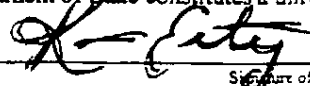
P.O. BOX 1407

MT. DORA, FL

(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

KAREN ESTRY, ESQUIRE Authorized Representative

Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

NOV BROTHERS HOLDINGS LLC


is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 5, 2015**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2015-000699092**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 14th day of August, 2019 at 11:18 AM. This certificate is assigned 032246423.




Secretary of State