

M19000011280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

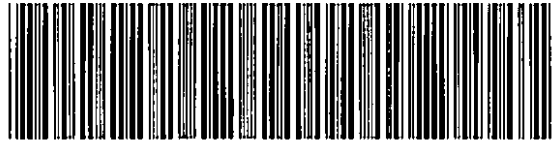
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

name
UA
W19-87512

Office Use Only



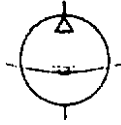
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08/17/19--01017--006 ♦♦125.00

2019 NOV 12 AM 9:34
RECEIVED
CLERK OF SUPERIOR COURT
JAN 12 2019

NOV 26 2019

M. SOLOMON



Nickerson LLC

ADD VALUE, NOT OVERHEAD

~~September 12 2019~~

NOV 08 2019

Florida Department of State
Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

ATTN - Brooke Kinsey

Ref: W19000087512

RE: Registration of foreign LLC

To Whom It May Concern:

Please find attached my application to register my foreign LLC in Florida, my certificate of good standing from my home state of Colorado, and a check for \$125 to cover the applicable fee.

I am an LLC based in Colorado and have recently hired a Florida resident. Please do not hesitate to call if I can be of any assistance in this application. (303) 847-2191

Sincerely,

Peter Nickerson
Owner

Nickerson LLC
11804 S Stallion Drive
Pine CO 80470
(303) 847-2191

RECEIVED

NOV 12 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 27, 2019

PETER NICKERSON
11804 S STALLION DR
PINE, CO 80470

SUBJECT: NICKERSON LLC
Ref. Number: W19000087512

We have received your document for NICKERSON LLC 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 your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name 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.

The document number of the name conflict is F05000004438.

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: 319A00020052

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Nickerson 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:

Peter Nickerson

Name of Person

Nickerson LLC

Firm/Company

11804 S Stallion Drive

Address

Pine CO 80470

City/State and Zip Code

peter@nickersonllc.com

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

For further information concerning this matter, please call:

Peer Nickerson

303

847-2191

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

Flying Devices LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

3. 81-3186778
(FEI number, if applicable)

4. September 05, 2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Nickerson LLC
(Street Address of Principal Office)

6. Nickerson LLC
(Mailing Address)

11804 S. Stallion Drive

11804 S. Stallion Drive

Pine CO 80470

Pine CO 80470

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

Name: Takara Mosquera

Office Address: 11575 City Hall Promenade Unit 248

Miramar 33025
(City) , Florida (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.

Takara Mosquera
(Registered agent's signature)

2018 NOV 12 AM 9:34
RECEIVED
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

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:**

☒ Manager Name: Peter Nickerson
☐ Member Address: 11804 S Stallion Drive
☐ Authorized Pine Co 80470
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: Takara Mosquera
☒ Member Address: 11575 City Hall Promeande
☐ Authorized Unit 248
Person Miramar, FL 33025
☐ Other ☐ Other

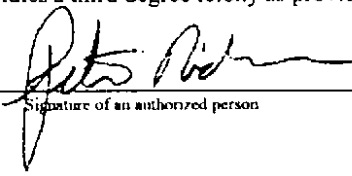
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.



Signature of an authorized person
Peter Nickerson

Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Nickerson LLC

is a

Limited Liability Company

formed or registered on 07/08/2016 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20161467170 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/11/2019 that have been posted, and by documents delivered to this office electronically through 09/12/2019 @ 10:32:33 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 09/12/2019 @ 10:32:33 in accordance with applicable law. This certificate is assigned Confirmation Number 11796277 .



Jena Griswold

Secretary of State of the State of Colorado

*****End of Certificate*****
Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."