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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	Neher and Associates LLC			
		of Limited Liability Company		
	5	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.		
Please	return all correspondence concerning this matter to	the following:		
	Robert L Neher			
		Name of Person		
	Neher & Associates	Neher & Associates		
	Firm/Company			
	3790 Millerton Place - Suite 100	3790 Millerton Place - Suite 100		
	Address			
	West Sacramento, CA 95691	West Sacramento, CA 95691		
	City/State and Zip Code			
	robertneher@executivesearchneher.	robertneher@executivesearchneher.com		
	E-mail address: (to be	used for future annual report notification)		
For furth	ner information concerning this matter, please call:			
Robert L Neher		916 443-2421 at ()		
	Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPA S125.00 Filing Fee S130.00 Filing Fee & Certificate of S	\$ 155.00 Filing Fee & S160.00 Filing Fee Courie		

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA: Neher and Associates LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name imavailable, 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.") State of California 06-1804574 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability) 3790 Millerton Place Neher & Associates (Street Address of Principal Office) (Mailing Address) 3790 Millerton Place -Suite 100 West Sacramento, CA 95691 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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. 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: Robert Neher ■Manager Lawrence Davenport ■Manager 3790 Millerton Place □ Member Address: ` □Member West Sacramento, CA 95961 □ Authorized ☐ Authorized Person Person Other_ Other____ □Other □Other Name: Raymond Massie ■ Manager □ Manager Name: _____ 22040 PLANDOS □Member □Member Address: _____ COURT, BOCA-RNOW ☐ Authorized FLOWING 33428 \Box Authorized Person Person Other____ Other___ □Other__ Other____ □Manager Name: _____ □Manager □Member Address: ☐ Member Address: ☐ Authorized □ Authorized Person Person Other____ □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

Robert L Neher, Jr.

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: NEHER & ASSOCIATES LLC

FILE NUMBER:

200702210093

FORMATION DATE:

01/22/2007

TYPE: JURISDICTION:

DOMESTIC LIMITED LIABILITY COMPANY

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 18, 2020.

ALEX PADILLA Secretary of State