

M2000000 3885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

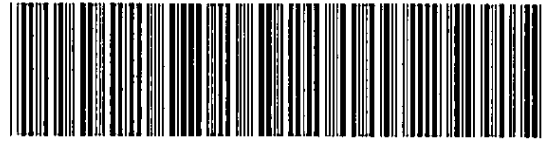
(Document Number)

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FILED  
20 APR 16 AM 10:30  
U.S. DISTRICT COURT  
DISTRICT OF COLUMBIA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Albaugh, 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:

Crystal Kansala

Name of Person

Albaugh, LLC

Firm/Company

1525 NE 36th Street

Address

Ankeny, Iowa 50021

City/State and Zip Code

crystalk@albaughllc.com

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

For further information concerning this matter, please call:

Crystal Kansala

515

965-5286

Name of Contact Person

at ( )

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 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

FILED  
20 APR 16 AM 10:30

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

2. Iowa 3. 42-1377980  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 1525 NE 36th Street 6. 1525 NE 36th Street  
(Street Address of Principal Office) (Mailing Address)

Ankeny, Iowa 50021 Ankeny, Iowa 50021

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

Name: CT Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation 33324  
\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip code)

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20 APR 16 AM 10:30  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

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.

Ternell Kearney Ternell Kearney, Assistant Sec.  
(Registered agent's signature)

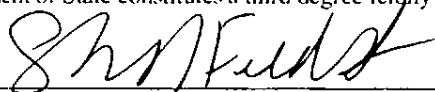
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                       | <u>Name and Address:</u>       | <u>Title or Capacity:</u>                      | <u>Name and Address:</u>       |
|---|--------------------------------|--|--------------------------------|
| <input checked="" type="checkbox"/> Manager     | Name: Dennis Albaugh           | <input type="checkbox"/> Manager               | Name: Stuart Feldstein         |
| <input type="checkbox"/> Member                 | Address: 1525 NE 36th Street   | <input type="checkbox"/> Member                | Address: 1525 NE 36th Street   |
| <input type="checkbox"/> Authorized             | Ankeny, Iowa 50021             | <input checked="" type="checkbox"/> Authorized | Ankeny, Iowa 50021             |
| Person  |                                | Person   |                                |
| <input type="checkbox"/> Other                  | <input type="checkbox"/> Other | <input type="checkbox"/> Other                 | <input type="checkbox"/> Other |
| <br><input checked="" type="checkbox"/> Manager | <br>Name: Spencer Vance        | <br><input type="checkbox"/> Manager           | <br>Name:                      |
| <input type="checkbox"/> Member                 | Address: 1525 NE 36th Street   | <input type="checkbox"/> Member                | Address:                       |
| <input type="checkbox"/> Authorized             | Ankeny, Iowa 50021             | <input type="checkbox"/> Authorized            |                                |
| Person  |                                | Person   |                                |
| <input type="checkbox"/> Other                  | <input type="checkbox"/> Other | <input type="checkbox"/> Other                 | <input type="checkbox"/> Other |
| <br><input type="checkbox"/> Manager            | <br>Name:                      | <br><input type="checkbox"/> Manager           | <br>Name:                      |
| <input type="checkbox"/> Member                 | Address:                       | <input type="checkbox"/> Member                | Address:                       |
| <input type="checkbox"/> Authorized             |                                | <input type="checkbox"/> Authorized            |                                |
| Person  |                                | Person   |                                |
| <input type="checkbox"/> Other                  | <input type="checkbox"/> Other | <input type="checkbox"/> Other                 | <input type="checkbox"/> 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

STUART FELDSTEIN

Typed or printed name of signee

FILED  
20 APR 16 AM 10:30  
CLERK OF THE COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

**IOWA SECRETARY OF STATE  
PAUL D. PATE**



**CERTIFICATE OF EXISTENCE**

Issue Date: 3/27/2020

Name: ALBAUGH, LLC (489DLC - 154425)

Date of Incorporation: 12/4/1991

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: **CS188665**

To validate certificates visit:

**[sos.iowa.gov/ValidateCertificate](https://sos.iowa.gov/ValidateCertificate)**

A handwritten signature in black ink that reads "Paul D. Pate". The signature is fluid and cursive, with the first and last names being more prominent.

Paul D. Pate, Iowa Secretary of State