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COVER LETTER

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TO:	Registration Division of C	Section orporations	
SUBJ	Horizon	Building Services	LLC
			Name of Limited Liability Company
	•	10 10 10 10 10 10 10 10 10 10 10 10 10 1	nited Liability Company for Authorization to Transact Business in Florida," Certificate of ster the above referenced foreign limited liability company to transact business in Florida.
Please	return all corres	pondênce concerning	ng this matter to the following:
	Trav	ts Overhue	
			Name of Person
	Horis	zon Building Service	ices LLC
			Firm/Company
	1851	Madison Ave Suit	ite 300
, Address			Address
	Council Sluffs lowa 51503		503
	<u></u>		City/State and Zip Code
	trevis@	oandhinvestment	nts.com
		E-mail a	address: (to be used for future annual report notification)
For furt	her information	concerning this men	tter, please call:
	Travis overhu	æ	402 659-4065
		Name of Contact I	
	Mailing Addre Registration Division of (P.O. Box 63:	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
	Tailahassee, Enclosed is a ct Please make ch	eck for the followin	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 ng amount: ORIDA DEPARTMENT OF STATE
	□ \$125.00 Fili	ng Fee 1130.0	Certificate of Status Certified Copy \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 8, 2021

TRAVIS OVERHUE 1851 MADISON AVE STE 300 COUNCIL BLUFFS, IA 51503

SUBJECT: HORIZON BUILDING SERVICES LLC

SERVICES LIMITED LIABILITY Ref. Number: W21000067391 HORIZON BUILDING

We have received your document for HORIZON BUILDING SERVICES LLC HORIZON BUILDING SERVICES LIMITED LIABILITY and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 621A00010235

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

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'Kansas 2		82-4882331	
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Comm ACREA OF ENGINEER CHEEN	-	(Maring Address)	
Cornel Biolis Jose 5	1503	Council Bluffs towa 51503	
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7 Name and seems addited	matilianis militared access (BO Bar	NOT aminutely	
1. Name and Inter-States	g of Florida registered agent (P.O. Bo)	(NOT morephanie)	2
Name:	Registered Agents Inc		<u> </u>
Office Address:	7901 4TH ST N, STE 300		5 -
	ST: PETERSBURG	33702 33702 33702	
	<u>-</u>	(22g code) 🔾 🚎	
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destinated in tide applicates except with the proving	samee: gistered agent and to accept service of tion. Likersby accept the appointment t	process for the above stated limited liability company at is registical agent and agree to act in this capacity. If and complete performation of my dutted, and I am fain	the place wikes agre

Title or Capacity: Manager Member Authorized Person Other	Name: Travis overhue Name: 1851 Madison Ave Suite 300 Address: Council Bluffs IA 51503	Title or Capacity: ☐ Manager ☐ Member ☐ Authorized Person ☐ Other	Name: Frank Overhue 1551 Madison Ave Suite 300 Address: Council Bluffs IA 51503
☐ Manager ■ Member ☐ Authorized Person ☐ Other	Travis Overhue 18:51 Madison Ave Suite 300 Address: Council Bluffs IA 51503	☐Manager ☐Member ☐Authorized Person ☐Other	Trent Overhue Name: 1 & S i
☐ Member ☐ Authorized	Name:Address:		Name:Address:

<u>Important Notice:</u> 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 eath 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.

2(
-	Signature of an authorized osison	
_ 17005	I Varhage	
	Typed or printed name of signor	

STATE OF KANSAS OFFICE OF SECRETARY OF STATE SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 8968984

Entity Name: HORIZON BUILDING SERVICES, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

was filed in this office on March 16, 2018, and is in good standing, having fully complied with all requirements of this office.

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



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of April 19, 2021

SCOTT SCHWAB
SECRETARY OF STATE

Certificate ID: 1173650 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.