

M22000005551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

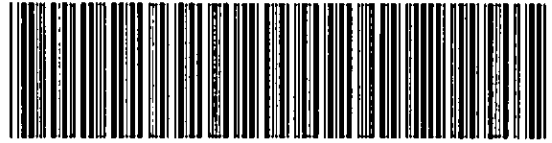
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400383251934

02/14/22--01039--007 **125.00

RECEIVED BY STATE
COURT CLERK
2022 MAR 14 PM 1:10
APPROVED
AND
FILED

APR 12 2022

< Brumbley

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Milepost Insurance Agency 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:

Sarah E. Starkey
Name of Person

National Indemnity Company
Firm/Company

1314 Douglas Street, Suite 1400
Address

Omaha, NE 68102
City/State and Zip Code

sestarkey@nationalindemnity.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah E. Starkey at (402) 916-3814
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 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. Milepost Insurance Agency 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. Nebraska, USA (Jurisdiction under the law of which foreign limited liability company is organized)
3. 30-1293112 (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. 1314 Douglas Street, Suite 1400 (Street Address of Principal Office)
Omaha, NE 68102
6. 1314 Douglas Street, Suite 1400 (Mailing Address)
Omaha, NE 68102

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

APPROVED AND FILED
2022 MAR 14 PM 1:10
SECRETARY OF STATE
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.

**SEE ATTACHED.

(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:**

Manager Name: Donald Wurster
 Member Address: 1314 Douglas Street, Suite 1400
 Authorized Omaha, NE 68102
 Person _____
 Other _____ Other _____

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

Manager Name: Dale Geistkemper
 Member Address: 1314 Douglas Street, Suite 1400
 Authorized Omaha, NE 68102
 Person _____
 Other _____ Other _____

Manager Name: Sarah Starkey
 Member Address: 1314 Douglas Street, Suite 1400
 Authorized Omaha, NE 68102
 Person _____
 Other Secretary _____ Other _____

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

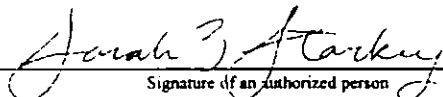
Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

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

Sarah E. Starkey

 Typed or printed name of signee

CONSENT TO SERVE AS REGISTERED AGENT

I, Corporation Service Company, hereby consent to serve as registered agent in the state of Florida for Milepost Insurance Agency LLC.

As the registered agent, I will accept and forward Service of Process and all mail to the limited liability company. In the event of my resignation, or of any change in the registered office address, I will notify the Office of the Secretary of State immediately.

Corporation Service Company

03/01/2022

Lynn M. Cannelongo

Signature of Registered Agent

Lynn M. Cannelongo, AVP

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the
State of Nebraska, do hereby certify that

MILEPOST INSURANCE AGENCY LLC

was duly formed under the laws of Nebraska on January 24, 2022;

**all fees, taxes, and penalties due under the Nebraska Uniform Limited
Liability Company Act or other law to the Secretary of State have been paid;**

**the Company's most recent biennial report required by section 21-125 has
been filed by the Secretary of State;**

the Secretary of State has not administratively dissolved the company;

**the Company has not delivered to the Secretary of State for filing a Statement
of Dissolution;**

a Statement of Termination has not been filed by the Secretary of State.

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices.*

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

February 15, 2022



A handwritten signature in black ink, appearing to read "Robert B. Evnen".

Secretary of State