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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

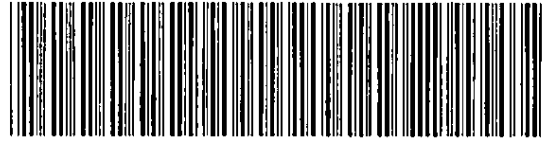
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2023 JAN 25 PM 5:35

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S. ROBERTS

JAN 26 2023



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 01/25/2023

Name: Greg Pintacuda

Reference #: 1889012

Entity Name: NICHE OPERATING COMPANY LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$125

Signature: 

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Niche Operating Company 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:

Baylee Roberts

Name of Person

Belin McCormick, P.C.

Firm/Company

666 Walnut Street, Suite 2000

Address

Des Moines, IA 50309

City/State and Zip Code

broberts@belinmccormick.com

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

For further information concerning this matter, please call:

Baylee Roberts

515

283-4607

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 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. Niche Operating Company 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. 12/2/2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 801 Grand Avenue
(Street Address of Principal Office)

6. 801 Grand Avenue
(Mailing Address)

Suite 3560

Suite 3560

Des Moines, IA 50309

Des Moines, IA 50309

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

Name: Cogency Global, Inc.

Office Address: 115 N CALHOUN ST, STE. 4

TALLAHASSEE, Florida 32301
(City) (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.

/s/ Christina Marasigan, Asst. Secy.

(Registered agent's signature)

2023 JAN 25 AM 9:35

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 J. Spera, Jr.
Address: 801 Grand Avenue, Suite 3560
Des Moines, Iowa 50309
Person _____
☐ Other _____ ☐ Other _____

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

☒ Manager Name: Dennis Bailey
Address: 801 Grand Avenue, Suite 3560
Des Moines, Iowa 50309
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: Brian Kerr
Address: 801 Grand Avenue, Suite 3560
Des Moines, Iowa 50309
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: Jason DeStigter
Address: 801 Grand Avenue, Suite 3560
Des Moines, Iowa 50309
Person _____
☐ Other _____ ☐ Other _____

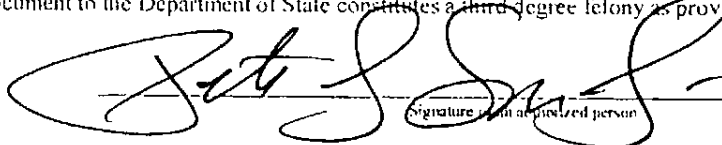
☒ Manager Name: John Flaugh
Address: 801 Grand Avenue, Suite 3560
Des Moines, Iowa 50309
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: Frank Bowman
Address: 801 Grand Avenue, Suite 3560
Des Moines, Iowa 50309
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 authorized person

Peter J. Spera, Jr.

Typed or printed name of signer

IOWA SECRETARY OF STATE
PAUL D. PATE



CERTIFICATE OF EXISTENCE

Issue Date: 11/30/2022

Name: NICHE OPERATING COMPANY LLC (489DLC - 731650)

Date of Incorporation: 11/29/2022

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: CS260306

To validate certificates visit:

sos.iowa.gov/ValidateCertificate


Paul D. Pate, Iowa Secretary of State