

M230000015301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

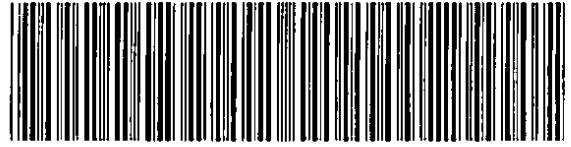
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/16/23--01028--004 **87.50

2023 NOV 16 PM 1:40

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MICHAEL CONE ENTERPRISES, LLC
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MICHAEL CONE

Name of Person

MICHAEL CONE ENTERPRISES, LLC

Firm/Company

7465 COUNTY ROAD 5

Address

ARLINGTON, NE 68002

City/State and Zip code

KTANFAST@AOL.COM

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

For further information concerning this matter, please call:

MICHAEL CONE at (402) 720-0858
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. MICHAEL CONE ENTERPRISES, LLC

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEBRASKA

(State or country under the law of which it is incorporated)

3. 94-3440473

(FEI number, if applicable)

4. SEPTEMBER 5TH 2012

(Date of incorporation)

5. PERPETUAL

(Date of duration, if other than perpetual)

6. NOVEMBER 13, 2023

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7465 COUNTY ROAD 5, ARLINGTON, NE 68002

(Principal office street address)

(Current mailing address, if different)

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

Name: MICHAEL CONE

Office Address: 4040 Galt Ocean Drive, Unit 418

Ft Lauderdale, FL

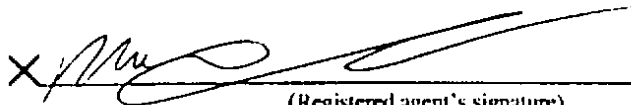
(City)

, Florida 33308

(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

2023 NOV 16 PM 1:40

☐ Chairman Name: MICHAEL CONE
☐ Vice Chairman Address: 7465 County ROAD 5
☐ Director ARRINGTON, NE
☒ President MICHAEL CONE
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

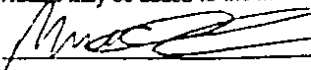
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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.

X12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. MICHAEL CONE, PRESIDENT
(Typed or printed name and capacity of person signing application)

MICHAEL CONE ENTERPRISES, LLC

Tue Nov 14 14:44:49 2023

SOS Account Number

10114291

Status

Active

Principal Office Address7465 COUNTY RD 5
ARLINGTON, NE 68002**Registered Agent and Office Address**MICHAEL CONE
7465 COUNTY RD 5
ARLINGTON, NE 68002**Designated Office Address**7465 COUNTY RD 5
ARLINGTON, NE 68002**Nature of Business**

Not Available

Entity TypeDomestic LLC
Qualifying State: NE**Date Filed**

Aug 15 2008

Next Report Due Date

Jan 01 2025

Filed Documents

To purchase copies of filed documents check the box to the left of the document code. If no checkbox appears, contact the Secretary of State's office to request the document(s).

Document	Date Filed	Price
<input type="checkbox"/> Articles Limited	Aug 15 2008	\$1.35 = 3 page(s) @ \$0.45 per page
<input type="checkbox"/> Proof of Publication	Oct 08 2008	\$0.45 = 1 page(s) @ \$0.45 per page
<input type="checkbox"/> Non Payment of Taxes	Jun 02 2009	
<input type="checkbox"/> Biennial Report	Sep 05 2012	\$0.90 = 2 page(s) @ \$0.45 per page
<input type="checkbox"/> Certificate of Revival for LLC	Sep 05 2012	\$0.45 = 1 page(s) @ \$0.45 per page
<input type="checkbox"/> Amendment/New Name	Sep 05 2012	\$0.45 = 1 page(s) @ \$0.45 per page
<input type="checkbox"/> Proof of Publication	Oct 12 2012	\$0.45 = 1 page(s) @ \$0.45 per page

STATE OF NEBRASKA

United States of America, }
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

MICHAEL CONE ENTERPRISES, LLC

was duly formed under the laws of Nebraska on August 15, 2008;

**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

November 14, 2023



A handwritten signature in black ink, reading "Robert B. Evnen".

Secretary of State

STATE OF NEBRASKA ♦ SECRETARY OF STATE'S OFFICE
1445 "K" STREET • STATE CAPITOL SUITE 1301 • LINCOLN, NE • 68509
BUSINESS SERVICES DIVISION

CORPORATIONS

P.O. BOX 94608
(402) 471-4079
FAX: 471-3666

UNIFORM COMMERCIAL CODE

P.O. BOX 95104
(402) 471-4080
FAX: 471-4429

NOTARY

P.O. BOX 95104
(402) 471-2558
FAX: 471-4429

JOHN A. GALE
Secretary of State

www.sos.state.ne.us

SIDNER LAW OFFICE
ATTN: SHANE J. PLACEK
STE. 1
340 E. MILITARY AVE.
FREMONT, NE 68025097

September 5, 2012

ACKNOWLEDGEMENT OF FILING

The document(s) listed below were filed with the Nebraska Secretary of State's Office, Corporation Division. A label has been affixed to each filing signifying the filing stamp for the Nebraska Secretary of State's Office, Corporation Division. This filing label indicates the date and time of the filing and also references a document number that can be used to reference this filing in the future.

Please remember it is your responsibility to notify the Secretary of State's office of any change(s) in the information you filed.

ACKNOWLEDGEMENT OF FILING FEES RECEIVED

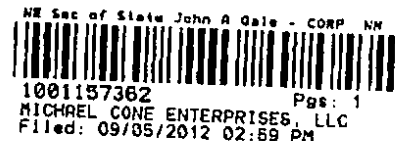
Action/Service	Company/Entity Name	Fee Received
Certificate of Revival for LLC	MICHAEL CONE ENTERPRISES, LLC	10.00
Per Page Charge	MICHAEL CONE ENTERPRISES, LLC	5.00
Interest for LLC	MICHAEL CONE ENTERPRISES, LLC	100.00
Biennial Report	MICHAEL CONE ENTERPRISES, LLC	20.00
New Name	MICHAEL CONE ENTERPRISES, LLC	10.00
Per Page Charge	MICHAEL CONE ENTERPRISES, LLC	5.00
	Total Fees Received	\$150.00

Paige Deppe
Filing Officer

AMENDED ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

Submit in Duplicate

John A. Gale, Secretary of State
Room 1301 State Capitol, P.O. Box 94608
Lincoln, NE 68509
(402) 471-4079
<http://www.sos.state.ne.us>



Exact Name of Limited Liability Company _____

Tropical Tans, LLC

Please check the item or items that are being amended and provide the appropriate information as changed by the amendment:

☒ Name of Limited Liability Company _____

Michael Cone Enterprises, LLC

☐ Purpose of Limited Liability Company _____

☐ Period of duration is _____

☐ Change in stated capital _____

☒ Change to any other statement in the articles of organization _____

Address of Registered Agent: Michael Cone, 1135 E. 19th St., Fremont, NE 68025

(attach additional pages if needed)

This change to the articles of organization was made pursuant to an affirmative vote of the majority in interest of the members or in such manner as specifically provided in the articles of organization.

DATED 9/4/2012

Signature of Authorized Representative

Michael Cone, Its President

Printed Name of Authorized Representative

FILING FEE: \$15.00 plus \$5.00 per additional page
Revised 12/2011

Neb. Rev. Stat. 21-2628

ARTICLES OF ORGANIZATION OF TROPICAL TANS, LLC

The undersigned, desiring to form a limited liability company for the purposes hereinafter set forth, under and in conformity with the laws of the State of Nebraska does hereby make this written certificate in duplicate and hereby verify:

1. **NAME.** The name of the company shall be Tropical Tans, LLC.
2. **DURATION.** The period of duration of the company shall be perpetual.
3. **PURPOSE.** This company is organized to engage in and to do any lawful act concerning any and all lawful business, other than banking or insurance, for which a limited liability company may be under the laws of Nebraska.
4. **PRINCIPAL PLACE OF BUSINESS - REGISTERED AGENT.** The address of the principal place of business of the company in Nebraska is Ridgeview Center, 1995 Ridgeview Road, Ste. 3, Blair (Washington County), Nebraska. The company's registered agent in Nebraska is Michael Cone, Ridgeview Center, 1995 Ridgeview Road, Ste. 3, Blair (Washington County), Nebraska
5. **PROPERTY CONTRIBUTED.** The total amount of cash and property other than cash contributed by the organizational member as capital is described on Exhibit "A" attached hereto. The agreed value of the property, other than cash, contributed to the company is also set forth on Exhibit "A".
6. **ADDITIONAL CONTRIBUTION.** No additional contributions have been agreed to be made by any members in the future at any time or on any conditions.
7. **ADDITIONAL MEMBERS.** The member of the company has the right to admit additional members from time to time, upon unanimous approval and upon additional terms and conditions of admission as may be determined by the member at the time of admission. Except as provided in the Operating Agreement, the interest of the member in the company may not be transferred or assigned.
8. **RIGHT TO CONTINUE BUSINESS.** In the event of the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company, provided the originating member exercises his right to admit additional member(s), then by unanimous consent, the remaining members of the company have the right to continue the business of the company at their election and option.
9. **MANAGEMENT.** Management of the company shall be vested in its members in proportion to their contribution to the capital of the company, as adjusted from time to time, to

reflect the additional contributions or withdrawals by the members. The names and addresses of the members are:

Members Name

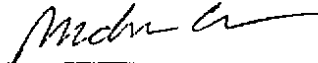
Address

Michael Cone

Ridgeview Center, 1995 Ridgeview Road, Ste. 3,
Blair (Washington County), Nebraska

10. **INTERNAL AFFAIRS.** The regulation of the internal affairs of the company are set forth in the Operating Agreement of the company and shall govern the operation of the business and the members accordingly.

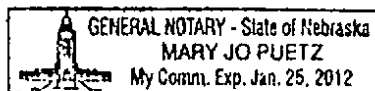
EXECUTED in duplicate original counterparts by the undersigned on this 12 day of August, 2008.



MICHAEL CONE

STATE OF NEBRASKA)
) SS.
COUNTY OF DODGE)

On this 12th day of August, 2008, before me, a Notary Public, in and for said county and state, personally came Michael Cone, who is personally known to me to be the identical person whose name is affixed to the foregoing document and acknowledges the execution thereof to be his voluntary act and deed.




Notary Public

EXHIBIT "A"

Michael Cone	\$1,000.00	100%
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STATE OF

NEBRASKA

United States of America,
State of Nebraska } ss.



Department of State
Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

the attached is a true and correct copy of the Articles of Organization
of

TROPICAL TANS, LLC
with its registered office located in BLAIR, Nebraska, as filed in this
office on August 15, 2008.

In Testimony Whereof:

I have hereunto set my hand and
affixed the Great Seal of the State
of Nebraska on August 15, 2008.


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.

Prepared by and return to:

Chad Matthew Muney
Attorney at Law
Clark & Muney PLLC
2400 E. Commercial Blvd. Suite 820
Fort Lauderdale, FL 33308
954-776-3800
File Number: TMC18-4597

Parcel Identification No. 494319-CH-0860

_____[Space Above This Line For Recording Data]_____

Warranty Deed

(STATUTORY FORM - SECTION 689.02, F.S.)

This Indenture made this 8th day of June, 2018 between Central Atlantic Investments, LLC, a Florida limited liability company whose post office address is 5231 NE 33rd Ave., Fort Lauderdale, FL 33308 of the County of Broward, State of Florida, grantor*, and Michael Cone Enterprises LLC, a Nevada limited liability company whose post office address is 7465 County Road 5, Arlington, NE 68002 of the County of Washington, State of Nebraska, grantee*.

Witnesseth that said grantor, for and in consideration of the sum of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable considerations to said grantor in hand paid by said grantee, the receipt whereof is hereby acknowledged, has granted, bargained, and sold to the said grantee, and grantee's heirs and assigns forever, the following described land, situate, lying and being in **Broward County, Florida**, to-wit:

Condominium Unit No. 418 of Ocean Manor Condominium, a Condominium, according to The Declaration of Condominium recorded in Official Records Book 50418, Page 1667, and all exhibits and amendments thereof, Public Records of Broward County, Florida.



Subject to taxes for 2018 and subsequent years; covenants, conditions, restrictions, easements, reservations and limitations of record, if any.

and said grantor does hereby fully warrant the title to said land, and will defend the same against lawful claims of all persons whomsoever.

* "Grantor" and "Grantee" are used for singular or plural, as context requires.

In Witness Whereof, grantor has hereunto set grantor's hand and seal the day and year first above written.

Signed, sealed and delivered in our presence:


Witness Name: Neill Rathgeb

Witness Name: Chad Muney

Central Atlantic Investments, LLC, a Florida Limited liability company

By: 
William F. Campbell, Manager and sole member

NEW DOCUMENTS

State of Florida
County of Broward

The foregoing instrument was acknowledged before me this 8th day of June, 2018 by William F. Campbell, Manager and sole member of Central Atlantic Investments, LLC, a Florida Limited liability company, on behalf of the limited liability company. He ☐ is personally known to me or ☒ has produced a driver's license as identification.

[Notary Seal]



Notary Public

Printed Name:

My Commission Expires:

[Signature]
Chad munev

GALT OCEAN MANOR CONDOMINIUM ASSOCIATION, INC.
CERTIFICATE OF APPROVAL

THIS IS TO CERTIFY that Galt Ocean Manor Condominium Association, Inc. has approved the sale of the following described property:

Condominium Parcel 418 of OCEAN MANOR CONDOMINIUM, in accordance with the Declaration of Condominium thereof, as amended, recorded in Official Records Book 9749, at Page 39 of the Public Records of Broward County, Florida

from CENTRAL ATLANTIC INVESTMENTS, LLC. ("Seller") unto MICHAEL CONE ENTERPRISES, LLC. ("Buyer"), pursuant to that certain real estate sales contract dated April 13, 2018. Buyer agrees, as a condition to the approval of the Association, that Buyer shall be bound by the provisions of the Declaration of Condominium of Ocean Manor Condominium, all amendments thereto and the By-Laws and other applicable rules and regulations of the Galt Ocean Manor Condominium Association, Inc. as they shall be promulgated from time to time.

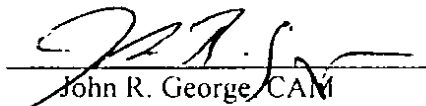
THIS APPROVAL is conditioned upon all assessments, utilities, and other obligations relating to Unit 418 being current as of the date of closing.

SUCH APPROVAL has been given pursuant to the provisions of the Declaration of Condominium of Ocean Manor Condominium.

DATED this 5 day of June 2018, at Fort Lauderdale, Broward County, Florida.

GALT OCEAN MANOR CONDOMINIUM
ASSOCIATION, INC.

By: 
Charles Caico, Treasurer

ATTEST: 
John R. George, CAM