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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

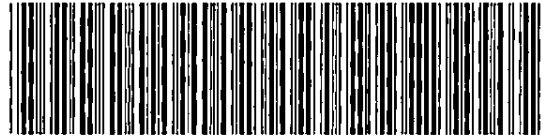
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2024 MAR 20 PM 3:04
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T. LEMIEUX
APR 01 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMI Condo, 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:

Phillip Sanberg

Name of Person

Lamson Dugan & Murray LLP

Firm/Company

10306 Regency Parkway Drive

Address

Omaha, NE 68114

City/State and Zip Code

cwallgar@gmail.com

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

For further information concerning this matter, please call:

Phillip Sanberg

402

397-7300

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. AMI Condo, 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. 8006 S 194th St.
(Street Address of Principal Office)

6. 8006 S 194th St.
(Mailing Address)

Gretna, NE 68028

Gretna, NE 68028

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

Name: InCorp Services, Inc.

Office Address: 3458 Lakeshore Drive

Tallahassee, Florida 32312
(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.

Heather Glenn Heather Glenn on behalf of InCorp Services, Inc.
(Registered agent's signature)

FILED
2024 MAR 20 PM 3:05
CLERK OF THE
COURT

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: Christopher Wall	<input checked="" type="checkbox"/> Manager	Name: Leah Wall
<input checked="" type="checkbox"/> Member	Address: 8006 S 194th St	<input type="checkbox"/> Member	Address: 8006 S 194th St.
<input type="checkbox"/> Authorized	Gretna, NE 68028	<input type="checkbox"/> Authorized	Gretna, NE 68028
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	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
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	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

Phillip Sanberg, Legal Representative

Typed or printed name of signer

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

AMI CONDO, LLC

was duly formed under the laws of Nebraska on February 21, 2024;

**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

March 6, 2024



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

Secretary of State



LAMSON DUGAN & MURRAY ^{LLP}
ATTORNEYS AT LAW

March 11, 2024

Via Certified Mail

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

Re: *Application by Foreign Limited Liability Company for Authorization to Transact
Business in Florida*

To Whom it May Concern:

Please accept this letter as an application for AMI Condo, LLC, a Nebraska limited liability company, to transact business in Florida. Enclosed with this letter is a cover letter, an application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, a certificate of existence dated March 6, 2024 and authenticated by the Secretary of State of the State of Nebraska, and my firm's check in the amount of \$130.00 for the filing fee and a Certificate of Status.

Sincerely,

LAMSON DUGAN & MURRAY LLP

Phillip Sanberg, Attorney
psanberg@ldmlaw.com
FOR THE FIRM

PTS/
enclosures
4871-0256-3244, v. 1

OMAHA

10306 Regency Parkway Dr
Omaha, NE 68114
P: 402-397-7300 | F: 402-397-7824

DES MOINES

1045 76th Street | Suite 3000
West Des Moines, IA 50266
P: 515-513-5003 | F: 515-298-6536