

M24000005687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

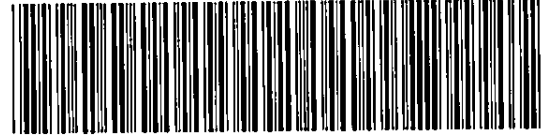
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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2024 MAY -3 PM 3:01

TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 5/3/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1252033

ORDER ENTITY

N1 MOTORS LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

N1 MOTORS LLC (FL)

File the attached foreign qualification document

NOTES:

\$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

**10: Registration Section
Division of Corporations**

SUBJECT: N1 MOTORS 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:

David Niederst

Name of Person

NM Residential, LLC

Firm/Company

485 N. Keller Road, Suite 520

Address

Maitland, Florida 32751

City/State and Zip Code _____

dlniederst@nmlresidential.com

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

For further information concerning this matter, please call:

Peggy Berstel

216

310-4937

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 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. NI MOTORS LLC

Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "L.P."

2. Montana (Date of incorporation or date of formation of the company, if organized in Florida. If not, the name of the state or country of incorporation or formation.)

3. N/A

4. N/A

(Date of incorporation or date of formation of the company, if organized in Florida. If not, the name of the state or country of incorporation or formation.)

5. N/A

6. N/A

(Date first transacted business in Florida, if prior to registration.
(See sections 605.093 & 605.094, F.S., to determine penalty liability.)

7. 485 N. Keller Road, Suite 520

8. 485 N. Keller Road, Suite 520

9. Montana, Florida 32751

10. Montana, Florida 32751

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

Name: Godbold, Downing, Brill & Rentz, P.A.

Office Address: 222 W. Cornstock Avenue, Suite 101

Winter Park, Florida 32789

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company, 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 as registered agent and accept the obligations of my position as registered agent.

(Registered agent's signature)

2024 MAY -3 PM 1:03
TALLAHASSEE, FL
STATE

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>
<input checked="" type="checkbox"/> Manager	Name: <u>David Niederst</u>
<input type="checkbox"/> Member	Address: <u>485 N. Keller Road, Suite 520</u>
<input type="checkbox"/> Authorized	<u>Maitland, Florida 32751</u>
<input type="checkbox"/> Other Person	<u></u>
<input type="checkbox"/> Other	<u></u> <input type="checkbox"/> Other <u></u>

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Michael Niederst</u>
<input type="checkbox"/> Member	Address: <u>485 N. Keller Road, Suite 520</u>
<input checked="" type="checkbox"/> Authorized	<u>Maitland, Florida 32751</u>
Person	<u></u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

☒ Manager Name: Adrina Niederst

☐ Member Address: 485 N. Keller Road, Suite 520

☒ Authorized Mantland, Florida 32751

Person _____

☐ Other _____ ☐ 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.

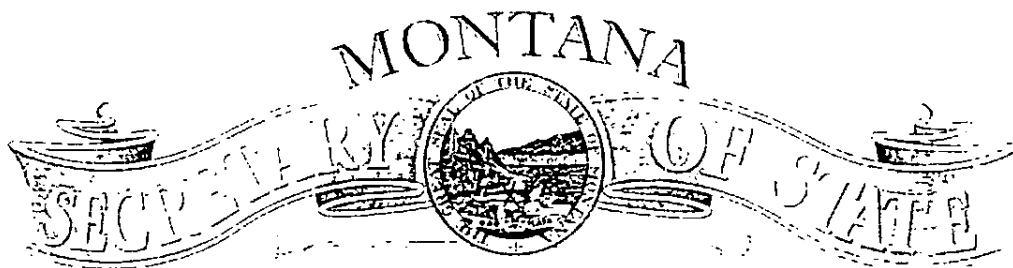
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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

Michael Niederst

Typed or printed name of signer



CERTIFICATE OF EXISTENCE

I, **CHRISTI JACOBSEN**, Secretary of State for the State of Montana, do hereby certify that:

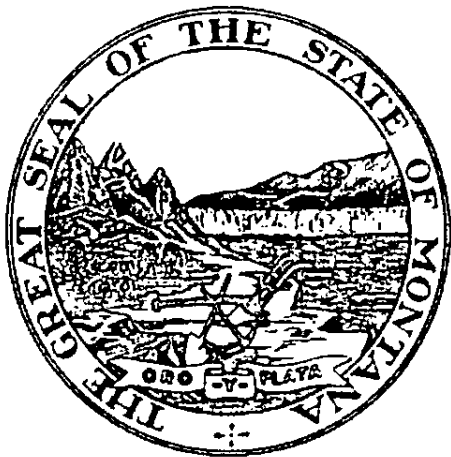
NI MOTORS LLC

duly filed its **Articles of Organization for Domestic Limited Liability Company** in this office on **July 29, 2021**, and on that date was authorized to transact business in this state **for a term of perpetual duration**.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

No articles of dissolution have been placed on the record in this office by said limited liability company and the records indicate the limited liability company is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on the tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 4th day of February, 2024.

Christi Jacobsen

Christi Jacobsen
Montana Secretary of State

Certificate Number: 50257217