

M25000013457

(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



600454845696

SEP 23 2008
25 00 20 PM 11:06
STATE OF NEW YORK
DEPARTMENT OF TAXATION AND FINANCE

2008 SEP 23 PM 2:13

MAILED

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 09/23/2025

NAME: NATIONAL INDEPENDENT BROKERS LLC

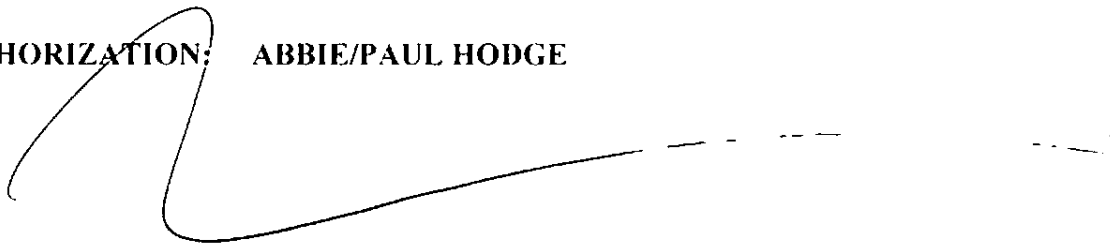
TYPE OF FILING: APPLICATION

COST: 155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

A large, stylized handwritten signature in black ink, appearing to read 'Abbie/Paul Hodge', is written over the authorization text. The signature is fluid and cursive, with a long horizontal stroke extending to the right.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: National Independent Brokers I.L.C.

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:

Hannah Amato

Name of Person

Firm/Company

407 N Highland Ave

Address

Nyack, NY, 10960

City/State and Zip Code

Hannah.Amato@kuberno.com

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

For further information concerning this matter, please call:

Hannah Amato

845

3980900

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. National Independent Brokers 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. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(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)

Suite 450 10701 Old County Road 15

5. (Street Address of Principal Office)

Plymouth, MN, 55441

Suite 450 10701 Old County Road 15

6. (Mailing Address)

Plymouth, MN, 55441

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

Name:

Registered Agents, Inc

Office Address:

7901 4th St N STE 300

St. Petersburg

(City)

Florida

33702

(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.

David Roberts

(Registered agent's signature)

25 OCT 23 AM 11:06
FILED
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA
COUNTY OF HILLSBORO

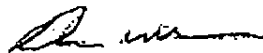
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: PLEASE SEE ATTACHED	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☒ Other _____	☐ Other _____	☒ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☒ Other _____	☐ Other _____	☒ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☒ Other _____	☐ Other _____	☒ 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

Duncan McQueen

Typed or printed name of signer

Bryan W Adams-CEO- Floor 40th, 1445 Ross Avenue, Dallas,TX,75202

Leonard Anderson-VP- Floor 40th, 1445 Ross Avenue, Dallas,TX,75202

Todd Anderson-VP- Floor 40th, 1445 Ross Avenue, Dallas,TX,75202

Lori Fjelstad-VP- Floor 40th, 1445 Ross Avenue, Dallas,TX,75202

Jenn Felton-VP- Floor 40th, 1445 Ross Avenue, Dallas,TX,75202

Jayne Rothman- Asst Secretary- Floor 40th, 1445 Ross Avenue, Dallas,TX,75202

Duncan McQueen- Secretary- Floor 40th, 1445 Ross Avenue, Dallas,TX,75202

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATIONAL INDEPENDENT BROKERS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NATIONAL INDEPENDENT BROKERS, LLC" WAS FORMED ON THE NINETEENTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



6878431 8300

SR# 20254040274

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, reading "C. B. Sanchez".

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 204816359

Date: 09-22-25