# M24000006423

(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:
W24000067196





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April 30, 2024

BARBARA SHAFER 10215 REGAL DRIVE #8 LARGO, FL 33774 US

SUBJECT: SHAFER SERVICES LLC

Ref. Number: W24000067196

We have received your document for SHAFER SERVICES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews Regulatory Specialist II

RECEIVED etter Number: 924A00009325

MAY 1 5 2024

#### COVER LETTER

		COVEREETTER					
го:	Registration Section Division of Corporations						
	Shafer Services LLC						
SUBJEC	CT:						
	Na	ame of Limited Liability Company					
		ty Company for Authorization to Transact Business in Florida," Certificate of veilefrenced foreign limited liability company to transact business in Florida (Certificate of Property of Certificate of Property of Certificate of Cert					
Please re	eturn all correspondence concerning this matte	er to the following:					
	Barbara Shafer						
		Name of Person					
	Shafer Services LLC						
		Firm/Company					
	10215 Regal Drive #8						
		Address					
	Largo, FL 33774						
	<del></del>	City/State and Zip Code					
	bshafer0@comcast.net						
	E-mail address: (to	be used for future annual report notification)					
For furth	er information concerning this matter, please	call:					
Barbara Shafer		765 623-2755 at ( )					
	Name of Contact Person	Area Code Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address:					
		Registration Section					
		Division of Corporations					
		The Centre of Tallahassee					
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the following amount Please make check payable to: FLORIDA D  □ \$125.00 Filing Fee ■ \$130.00 Filing Certificat	EPARTMENT OF STATE					

### 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;

. Shafer Services LLC (Name of Foreign	Limited Liability Company; must include "Limite	ed Liability Company," "I	l.,C.," or "LL(")		
Ename unavailable, enter alternate :	name adopted for the purpose of transacting business in F	louds. The alternate name in	ust include "Limited Enhalty Co	nesans ""E I ("" or "I I)	
	many margines for the purpose of transacting frames of the	Arriage The difference family for	ast metale. Emilier fallowing Co.	,,	
INDIANA		3			
(Jurisdiction under the law of w	luch foreign lumited liability company is organized)	-)· <u></u>	(FET number, it appli	(FEI number, if applicable)	
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration ) tine penalty liability)			
10215 Regal Drive #8		10215 Rega 6.	d Drive #8		
Street Address of Principal Office)		(Mailing	Address)		
Largo, FL 33774		Largo, FL 3	3774		
		<del></del>			
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)		, , ,	
				E E	
Name:	Barbara Shater			ZUZYKAY 15	
Taking.				2	
Office Address:	10215 Regal Drive ≠8			æ.	
	Largo	Flo	33774	53 è	
	(City)		(Zip code)	S	

#### 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.

(Registered agent's signature)

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:	<u>Title or Capacity</u>	<u>v:</u>	Name and Address:
□Manager	Name: Barbara Shafer	□Manager	Name:	
■Member	Address: 10215 Regal Drive #8	□Member	Address:	<u> </u>
□Authorized	Largo, FL 33774	□Authorized		
Person		Person		
□Other	Other	□Other	<del></del>	□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

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.

Barbara Shafer

Typed or printed name of signee

## State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

#### SHAFER SERVICES LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on January 29, 2019, and was in existence or authorized to transact business in the State of Indiana on May 06, 2024.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, May 06, 2024

Viego Morales

DIEGO MORALES
SECRETARY OF STATE

201901291301787 / 20243755648

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on June 05, 2024.