M24000015168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

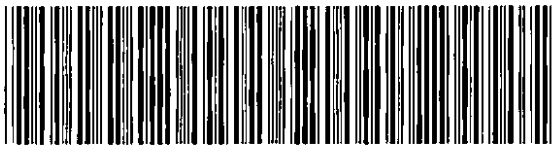
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
2024 DEC -5 AM 8:17

2024 DEC -5 PM 2:55

APPROVED
AND
FILED

DEC 05 2024

K. Brumbley

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: $125.00
Authorization Signature
Apex Framing, LLC

__ Walk in ____ Will wait

_____ **Certified Copies of the Articles of Organization**
_____ **Certificate of Status**

NEW FILINGS

____ Profit
____ Not for Profit
____LLC
_____ Domestication
____ INC
__ CORP
___ OTHER

AMENDMENTS

____ Amendment
____Resignation of R.A.
____Change of Registered Agent
____Dissolution/Withdrawal
____ Conversion
__ __Statement of Authority
____Merger
___. Amended and Restated Articles

OTHER FILINGS

____Annual Report

____Fictitious Name

_____ Statement of Authority

____ APOSTIL _____
COUNTRY

REGISTRATION/QUALIFICATIONS

_X__ Foreign Filing
____ Partnership
____Reinstatement
____ CORRECTION for a LLC

____Domestication of a Foreign Corp.

_____ ____Other

EXAMINER'S INITIALS:_____

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Apex Framing, 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:

Sydnee Kirby
Name of Person

Apex Framing, LLC
Firm/Company

10911 Dunscore Cottage Way
Address

Wimauma, FL 33598
City/State and Zip Code

sydnee@thegarrettco.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sydnee Kirby at (765) 810-3639
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. Apex Framing, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Blue Horseshoe Framing, 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. Indiana
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 92-0826142
(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.)

5. 1051 Greenwood Springs Blvd.
(Street Address of Principal Office)
Greenwood, Indiana 46143

6. 1051 Greenwood Springs Blvd.
(Mailing Address)
Greenwood, IN 46143

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

Name: Sydnee Kirby

Office Address: 10911 Dunscore Cottage Way

Wimauma, Florida 33598
(City) (Zip code)

2024 DEC -5 PM 2:55
APPROVED AND FILED

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.

Sydnee Kirby
(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:	Title or Capacity:	Name and Address:
☐Manager	Name: Sydnee Kirby	☐Manager	Name:
☐Member	Address: 10911 Dunscore Cottage Way	☐Member	Address:
■Authorized	Wimauma, FL 33598	☐Authorized	
Person		Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name: Ryan Therrien	☐Manager	Name:
■Member	Address: 1051 Greenwood Springs Blvd.	☐Member	Address:
☐Authorized	Greenwood, IN 46143	☐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.

Sydnee Kirby

Signature of an authorized person

Sydnee Kirby

Typed or printed name of signee

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

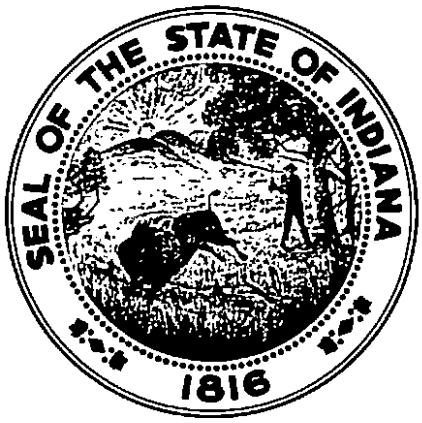
I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

APEX FRAMING, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 18, 2022, and was in existence or authorized to transact business in the State of Indiana on December 04, 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, December 04, 2024

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

202210181632180 / 20244104936
All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate
Expires on January 03, 2025.