

8/28/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000299424 3)))



H200002994243ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company
THL SELECT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

THL SELECT, LLC

2020 AUG 28 AM 11:55

FILED
2020 AUG 28 AM 11:55
THL SELECT, LLC

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 31 2020

H20000299424 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THL Select, 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:

Courtney Riess

Name of Person

THL Select, LLC

Firm/Company

547 Center Street

Address

Lake Geneva, WI 53150

City/State and Zip Code

ap@tophatls.com

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

For further information concerning this matter, please call:

Courtney Riess

262

581-4300

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

H20000299424 3

H20000299424 3**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA***IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*1. THL Select, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name is variable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Indiana

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

3. 85-2435649

(FBI number, if applicable)

4. October 15, 2020(Date first transacted business in Florida, if prior to registration.
(See sections 605.002 & 605.003, F.S., to determine penalty liability.)5. c/o Courtney Reiss

(Street Address or Proposed Office)

6. 547 Center Street

(Mailing Address)

1212 St. George Rd.Lake Geneva, WI 53147Evansville, IN 471117. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: Corporation Service CompanyOffice Address: 1201 Hays StreetTallahassee

(City)

32301

(Zip code)

Florida**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.*

Corporation Service Company

By: Kadesha Roberson

(Registered agent's signature)

Kadesha Roberson, Asst. Vice President

H20000299424 3

H20000299424 3

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: <u>Steve Trensch</u>	☒ Manager	Name: <u>Robert Rader</u>
☐ Member	Address: <u>547 Center Street</u>	☐ Member	Address: <u>547 Center Street</u>
☐ Authorized	<u>Lake Geneva, WI 53147</u>	☐ Authorized	<u>Lake Geneva, WI 53147</u>
Person _____		Person _____	
☐ Other <u>President</u>	☐ Other _____	☐ Other <u>EVP</u>	☐ 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.

Courtney Reiss

 Signature of the authorized person

Courtney Reiss

Typed in printed name of signer

H20000299424 3

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, 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

THL SELECT, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on July 30, 2020, and was in existence or authorized to transact business in the State of Indiana on August 24, 2020.

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, August 24, 2020

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

202007301410363 / 20201591077

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

Expires on September 23, 2020.

H280002994243