

F15000003734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

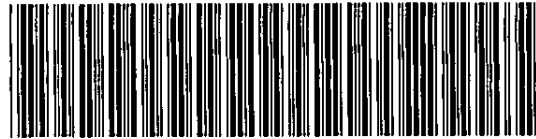
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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15 AUG 24 PM 4:26

IN REPLY TO CORRESPONDENCE

N. Cullen

AUG 25 2015

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 757931 7547427

AUTHORIZATION :

COST LIMIT : *Spudde man*  
\$ 70.00

ORDER DATE : August 24, 2015

ORDER TIME : 3:50 PM

ORDER NO. : 757931-015

CUSTOMER NO: 7547427

FOREIGN FILINGS

NAME: STERLING MANAGEMENT LTD.,  
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sterling Management Ltd, Inc.

\_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Mireille Gallyot

\_\_\_\_\_  
Name of Person

Sterling Group, Inc.

\_\_\_\_\_  
Firm/Company

3900 Edison Lakes Parkway, Suite 201

\_\_\_\_\_  
Address

Mishawaka, IN 46545

\_\_\_\_\_  
City/State and Zip code

mgallyot@thesterlinggrp.com

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

For further information concerning this matter, please call:

Mireille Gallyot

at (574) 247-3203

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Sterling Management Ltd., Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Indiana 3. 35-1494125  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 7, 1979 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 3900 Edison Lakes Parkway, Suite 201, Mishawaka, IN 46545  
(Principal office address)
- PO Box 2008, Mishawaka, IN 46546-2008  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NQT acceptable)

Name: Corporation Service Company  
1201 Hays Stret  
Office Address: Tallahassee, Florida 32301  
(City) (Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

M. Zender  
(Registered agent's signature)

**Melissa Zender  
Asst. Vice President**

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Larry A. Swank, Sr.  
3900 Edison Lakes Parkway, Suite 201  
Address: Mishawaka, IN 46545

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. OFFICERS**

President: Lance A. Swank  
3900 Edison Lakes Parkway, Suite 201  
Address: Mishawaka, IN 46545

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: Larry A. Swank II  
3900 Edison Lakes Parkway, Suite 201, Mishawaka, IN 46545  
Address: \_\_\_\_\_

Treasurer: Bob Voss  
3900 Edison Lakes Parkway, Suite 201, Mishawaka, IN 46545  
Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.   
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Lance A. Swank, President  
(Typed or printed name and capacity of person signing application)

2015 AUG 24 AM 10:05  
STATE OF FLORIDA  
TALLAHASSEE

FILED

**STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greetings:

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 proper official to execute this certificate.

I further certify that records of this office disclose that

**STERLING MANAGEMENT LTD INC**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on December 07, 1979, and was in existence or authorized to transact business in the State of Indiana on August 20, 2015.

I further certify this For-Profit Domestic Corporation 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.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twentieth Day of August, 2015.

*Connie Lawson*

Connie Lawson, Secretary of State

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