

F7000004307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

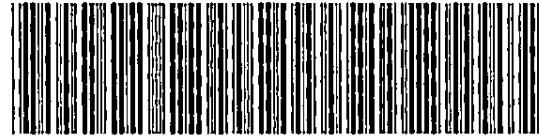
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200303809172

08/25/17--01035--029 **87.50

SEP 27 2017
11:50 AM
FBI - MEMPHIS

D. SCOTT

SEP 27 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LINDSEY'S LUMBER & BUILDERS SUPPLY 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:

Hope Lindsey

Name of Person

Lindsey's Lumber & Builders Supply, Inc.

Firm/Company

P.O. Box 89, 928 S. Arnold F. Habig Blvd.

Address

French Lick, IN 47432-0089

City/State and Zip code

lindseysconstruction@bluemarble.net

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

For further information concerning this matter, please call:

Hope Lindsey

Name of Person

at (812)

Area Code

797-0819

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 &
Status

\$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee, Certificate of
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. Lindsey's Lumber & Builders Supply 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. 35-1281543
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 14, 1972 5. _____
(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. 928 S. Arnold F. Habig Blvd., French Lick, IN 47432
(Principal office address)

P.O. Box 89, French Lick, IN 47432-0089
(Current mailing address, if different)

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

Name: Mark Lindsey

Office Address: 271 Southbay Dr., Apt. 255

Naples, Florida 34108
(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.


(Registered agent's signature)

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Mark Lindsey

Address: 928 S. Arnold F. Habig Blvd., French Lick, IN 47432

Vice President: Adam Lindsey

Address: 928 S. Arnold F. Habig Blvd., French Lick, IN 47432

Secretary: Hope Lindsey

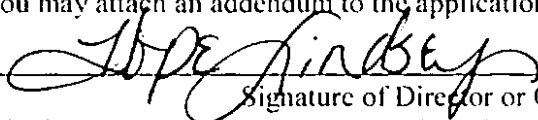
Address: 928 S. Arnold F. Habig Blvd., French Lick, IN 47432

Treasurer: Hope Lindsey

Address: 928 S. Arnold F. Habig Blvd., French Lick, IN 47432

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

2. _____



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.

Hope Lindsey, Secretary/Treasurer

(Typed or printed name and capacity of person signing application)

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

LINDSEY'S LUMBER & BUILDERS SUPPLY INC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on August 14, 1972, and was in existence or authorized to transact business in the State of Indiana on September 21, 2017.

I further certify this Domestic For-Profit 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 caused to be affixed my
signature and the seal of the State of Indiana, at the City
of Indianapolis, September 21, 2017

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

197208-248 / 2017410450

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>