# F21000000113

(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:				
W21000006132				

Office Use Only



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Carle - G T Ling

2/4/21

### COVER LETTER

TO: Registration Se Division of Co					
SUBJECT: Bucking	ham Construction Corporation				
30b/LCT:	Name of corpor	ation - mu	st include suffix		
Dear Sir or Madam:					
"Certificate of Existent	ation by Foreign Corporation ce," or "Certificate of Good gn corporation to transact bu	Standing"	and check are subr		
Please return all corres	pondence concerning this n	natter to the	e following:		
Laurie Sego					
	Nam	ne of Perso	n		
Buckingham Construction	on Corporation				
	Firnv	/Company			
941 N. Meridian Street					
	1	Address			
Indianapolis, IN 46204					
	City/St	ate and Zi	p code		74.2
laurie.sego@buckinghan					<u>-</u> :
	E-mail address: (to be u	ised for fut	ure annual report n	otification)	•
For further information	n concerning this matter, ple	ase call:			
Laurie Sego	317	, 5i	Code Daytime Telephone Number		~ 1
Name of Perso	on Area	Code	Daytime Teleph	ione Number	(T)
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	r the following amount: ble to: FLORIDA DEPARTM  \$78.75 Filing Fee & Certificate of Status	□ \$78	TATE .75 Filing Fee & tified Copy	S87.50 Fil Certificat Certified	e of Status &

## 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.

iana		orate name adopte	for the purpose of transacting bu	siness in Florida
IALIA		3. 35-19	_	
ate or count	try under the law of which it is incor	porated)	(FEI number, if applica	able)
1/1995		4		
(Dat	e of incorporation)	J	(Date of duration, if other than	perpetual)
	(Date first transacted	business in Plorid	a, if prior to registration)	
		01 & 607.1502, F.S	i., to determine penalty liability)	
V. Meridian	Street , Indianapolis, IN 46204			
	(P	rincipal office <u>stre</u>	et address)	
	(Cu	rrent mailing addre	ss. if different)	
	(			
ie and <u>stre</u>	et address of Florida registered a	gent: (P.O. Box	NOT acceptable)	
	et address of Florida registered a Louise H. Angstadt	gent: (P.O. Box	NOT acceptable)	~
ne and <u>stre</u> Name:	ct address of Florida registered a	gent: (P.O. Box	NOT_acceptable)	213
		gent: (P.O. Box	NOT acceptable)	7:55
Name:	Louise H. Angstadt  207 Ridge Road			200
Name:	Louise H. Angstadt  207 Ridge Road  Jupiter			2000
Name:	Louise H. Angstadt  207 Ridge Road		NOT acceptable)  Florida 33477  (Zip code)	
Name: Address:	Louise H. Angstadt  207 Ridge Road  Jupiter  (City)			20074 7 4:
Name: Address:	Louise H. Angstadt  207 Ridge Road  Jupiter  (City)		Florida 33477 (Zip code)	
Name: Address:  stered ag	Louise H. Angstadt  207 Ridge Road  Jupiter  (City)  rent's acceptance:  seed as registered agent and to ac	cept service of p	Florida 33477  (Zip code)  rocess for the above stated corp	poration at the
Name: Address:  Istered ago been nameded in this	Louise H. Angstadt  207 Ridge Road  Jupiter  (City)  rent's acceptance: seed as registered agent and to as application, I hereby accept the	ccept service of pa	Florida 33477  (Zip code)  rocess for the above stated corregistered agent and agree to	poration at the act in this can
Name: Address: stered ag been nam ted in this agree to c	Louise H. Angstadt  207 Ridge Road  Jupiter  (City)  rent's acceptance:  seed as registered agent and to ac	cept service of pe e appointment as statutes relative	Florida  33477  (Zip code)  rocess for the above stated corregistered agent and agree to to the proper and complete per	poration at the act in this can

under the law of which it is incorporated.

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

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS	D 11 D 61 1					
☐ Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address: 941 N. Meridian St.	□Vice Chairman	Address:			
□Director	Indianapolis, IN 46204	□Director				
<b>■</b> President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	☐ Secretary		□Treasurer		
□Other	□Other	□Other		□Other		
□Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary		□Treasurer		
□Other	□Other	□Other		□Other		
				1		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:	1		
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	□Secretary		□Treasurer		
□Other	□Other	□Other		☐Other		
Important Notice: individuals may be	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Department	nt of State Annual Ro	eport form.	. ,		
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.						
Bradley B. C	Chambers, President/CEO					

(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

#### **BUCKINGHAM CONSTRUCTION CORPORATION**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 11, 1995, and was in existence or authorized to transact business in the State of Indiana on December 08, 2020.

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. 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 08, 2020

Corrie Hauson

CONNIE LAWSON
SECRETARY OF STATE

1995120563 / 20201747042

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

Expires on January 07, 2021.



January 22, 2021

LAURIE SEGO 941 N MERIDIAN STREET INDIANAPOLIS, IN 46204 US

SUBJECT: BUCKINGHAM CONSTRUCTION CORPORATION

Ref. Number: W21000006132

We have received your document for BUCKINGHAM CONSTRUCTION CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Missing city, state and zipcode for principal address.

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.

Sharon D Franklin Regulatory Specialist II

Letter Number: 921A00001482

RECEIVE -