F22000004568

(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:							

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COVER LETTER

TO:	Registration Section Division of Corpo						
SUB	JECT:	LINE	DSEY, IN	NC.			
		Name of corpora	tion - mus	st include suffix			
Dear	Sir or Madam:						
"Cert	ificate of Existence,"	by Foreign Corporation or "Certificate of Good ! orporation to transact bu	Standing"	and check are sub			
Please	e return all correspon	dence concerning this ma	itter to the	following:			
		LIND	SEY, KE	N			
		Name	of Persor	1		* .	23.00
		LINDS	SEY, INC	D	_		وځ
		Firm/C	Company				Ş
		419 Mead	dowlark	Place		** <u>**</u> -• ••	دى
		A	ddress				
		Alabas	ster, AL	35007			ڲ
			te and Zip			•	1 0
		ken@kenlindse	eyconstr	uction.com			
		E-mail address: (to be us	ed for futi	ure annual report i	notification)		
For fu	urther information co	ncerning this matter, plea	ise call:				
LINE	DSEY, KEN	at (205) 33	37-2654			
	Name of Person	Area (Code	Daytime Telep	hone Number		
	STREET/COURI Registration Section Division of Corporation The Centre of Tall 2415 N. Monroe S Tallahassee, FL 3	on rations ahassee treet. Suite 810		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		
Please		following amount: b: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	□ \$78.	FATE 75 Filing Fee & ified Copy	S87.50 Fil Certificate Certified	of Stati	us &

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.

	"Corp," "Inc," "Co," or "Corp.")		•		
LINDSEY	CONSTRUCTION, INC.				
(If name unava	illable in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting busin	ess in Florida)	-	
₂ Alaba	ma		20-1355740		
(State or coun	try under the law of which it is incorporated)	(FEI number, if applicable)		-	
4	08/27/2004				
(Da	te of incorporation)	(Date of duration, if other than per	petual)	-	
6		N/A	,		
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	 -		
7:		ace. Alabaster, AL 35007	•		
		fice street address)			
		SAME			
	(Current maili	ing address, if different)		ी स	墨
8. Name and stre	et address of Florida registered agent: (P.	O. Box NOT acceptable)			TIT
Name:	LINDSEY, STAN				3-
Office Address:	9604 Everglades Drive.			,	部の
	Naples	24120	,	73	ار ش
Addi Vooi		, Florida 34120		•	9
. acres chad vos					
9. Registered ag Having been nam designated in this further agree to c	(City) ent's acceptance: sed as registered agent and to accept servi	(Zip code) ice of process for the above stated corpora ment as registered agent and agree to act			٠
9. Registered ag Having been nam designated in this further agree to c	(City) ent's acceptance: led as registered agent and to accept servi application, I hereby accept the appoints omply with the provisions of all statutes r	(Zip code) ice of process for the above stated corpora ment as registered agent and agree to act			·
9. Registered ag Having been nam designated in this further agree to c	(City) ent's acceptance: led as registered agent and to accept servi application, I hereby accept the appoints omply with the provisions of all statutes r	(Zip code) ice of process for the above stated corpora ment as registered agent and agree to act			

A. DIRECTORS Name: LINDSEY, KEN □ Chairman Name: LINDSEY, JOSHUA □ Chairman □Vice Chairman Address: 419 Meadowlark Place. Address: 419 Meadowlark Place. ☐ Vice Chairman Alabaster, AL 35007 Director Director Alabaster, AL 35007 ☑ 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 ___ □ 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 ____ 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. Ken Signature of Director or Opticer

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. _____ LINDSEY, KEN John H. Merrill Secretary of State

P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Lindsey, Inc. was formed in Shelby County, Alabama on August 27, 2004. The Alabama Entity Identification number for this entity is 000-237089. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20220701000002160

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

07/01/2022

Date

X 24. Menill

John H. Merrill

Secretary of State