Fa500000583

(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:				





800442778558

01/16/25--01015--008 **87.50



T. LEMIEUX



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Millennium Sounds, Inc.		
	n - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good State above referenced foreign corporation to transact business.	nding" and check are submitted to register the	
Please return all correspondence concerning this matter	er to the following:	
William E. Lehman		
Name of	f Person	
Millennium Sounds, Inc.		
Firm/Cor	mpany	
1516 W. Tournament Trail, Unit 4		
Add	ress	
Westfield, IN 46074		
City/State	and Zip code	
blehman@millenniumsounds.com		
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, please	call:	
Stephen R. Snyder at (574 Name of Person Area Cox	457-3300	
Name of Person Area Cox	de Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT \$70.00 Filing Fee \$ \$78.75 Filing Fee & Certificate of Status	T OF STATE □ \$78.75 Filing Fee & ■ \$87.50 Filing Fee, Certified Copy 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.

	orporation; must include "INCORPORATED,"	""COMPANIV" "COPPORATIO	N. "	
, OU., OC	orp," "Inc," "Co," or "Corp.")	COMPANT, CORPORATIO	iN,	
Millennium Sour	nds of Florida, Inc.			
(If name unavaila	able in Florida, enter alternate corporate name a		ng business in Florida)	
Indiana	3	5-2087772		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
October 1, 1999	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
_	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liabil	ity)	
1035 Collier Cente	er Way, Ste.4, Naples, FL 34110			
	(Principal office	ce street address)		
1516 W. Tournam	nent Trail, Unit 4, Westfield, IN 46074			
	(Current mailing	g address, if different)		
			6.	
Name and street	t address of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)	()	
Name:	Victor Walker			
fice Address:	19657 Estero Pointe Lane			
ffice Address:	Fort Myers, FL	, Florida 33908 (Zip code)	*** . * 1	
		, FIORIGA		
	(City)	(Zip code)	<u> </u>	
Paristand and	(City)	(Zip code)		

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

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

A. DIRECTORS							
Chairman	William E. Lehman	☐ Chairman	Name:				
□Vice Chairman	Address: 1516 W. Tournament Way, Unit 4	□Vice Chairman	Address:				
Director	Westfield, IN 46074	□Director					
President		□President					
□Vice President		□Vice President					
Secretary	□Treasurer	Secretary		Treasurer			
Other	Other	Other		□Other			
□Chairman	Matthew A. Reeve	□Chairman	Name:				
■ Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	Westfield, IN 46074	□Director		· 			
□President		□President					
□Vice President		□Vice President		_ .			
Secretary	Treasurer	Secretary		Treasurer			
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			
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. 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. William E. Lehman

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, DIEGO MORALES, 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

MILLENNIUM SOUNDS INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 01, 1999, and was in existence or authorized to transact business in the State of Indiana on December 30, 2024.

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 30, 2024

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

1999100281 / 20244149232

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

Expires on January 29, 2025.