# MP00003180

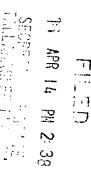
(Re	equestor's Name)	•			
(Ad	idress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
·					





200283800512

03/31/16--01023--010 \*\*125.00





\* Corrected

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 4, 2016

SARAH DUGGAN 4230 PABLO PROFESSIONAL COURT, SUITE 250 JACKSONVILLE, FL 32224

SUBJECT: LINDSAY BLEE AMERICAS, LLC

Ref. Number: W16000024616

We have received your document for LINDSAY BLEE AMERICAS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 616A00006766

www.sunbiz.org

#### **COVER LETTER**

TO:

**Registration Section** 

Div	ision of Corporation	ns					
SUBJECT:	Lindsay Blee Amer	icas, LLC					
SCHOLCI.		Name of Limited Liability Company					
		reign Limited Liability Comp ed to register the above refere					
Please return	all correspondence	concerning this matter to the	following:				
	Sarah Duggan						
		Na	ame of Person		1		
	Eavenson, Fras	ser & Lunsford				∰ <b>-</b>	
Firm/Company					APR	<u> </u>	
	4230 Pablo Professional Court, Suite 250					1	
	Address				PH 2:	<u> </u>	
	Jacksonville, F	lorida 32224				ၾ	
		City/S	tate and Zip Code				
	sarah@efllawfir	m.com					
	***************************************	E-mail address: (to be used	d for future annual	report not	fication)		
For further in	nformation concernin	g this matter, please call:					
Sar	ah Duggan		904 at (	422-997	75		
	Name o	of Contact Person	Area Code	Day	time Telephone Number		
Div Reg P.O	ision of Corporations gistration Section 9. Box 6327 lahassee, FL 32314			Division of Registrati Clifton By 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ce, FL 32301		
	a check for the follow \$125.00 Filing Fee	ving amount:  \$\square\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	□ \$160.00 Filing Fee, Cert of Status & Certified Copy		;

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Lindsay Blee Americas (Name of Fore	eign Limited Liability Company; m	ust incl	ude "Limited Lia	ibility Company," "L.L.C.," or	r "LLC.")		•
(If name unavailable, enter al Liability Company," "L.L.C,	ternate name adopted for the purpo	se of tr	ansacting busine	ss in Florida. The alternate na	nie must includ	e "Lim	iited
2. Delaware	,	2	81-1273805				
(Jurisdiction under the law company is organized)	of which foreign limited liability	٦,		(FEI number, if applicable	)		
4	(5. %		9 19 18 17		_		
	(Date first transacted busin (See sections 605.0904 & 60	1ess in 1 5.0905,	F.S. to determin	e penalty liability)			
5. 1071 South Sun Drive					;		
Lake Mary, Florida 32	746						
	(Street Address of	Princip	oal Office)			ΑPG	77
6. 1071 South Sun Drive					_		1
Lake Mary, Florida 32'	746			•	FAL	Ţ	(4)
-	(Mailing	Addre	is)			$\mathbb{R}$	$\supset$
7. Name and street addres	s of Florida registered agent: (	P.O. Bo	x NOT accep	table)		$\omega$	
Name:	CT Corporation Systems			_	5,400	30	
Office Address:	1200 South Pine Island Road						
	Plantation			, Florida 33324 (Zip code)			
Registered agent's accep	(City)			(Zip code)	_		
designated in this applicate to complywith the provision	gistered agent and to accept se tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent.	ntment e prope	as registered a r and complete System	igent and agree to act in th	is capacity. I s, and I am fa	furth	er agree
	(Regi	stered a	gent's signature)		_		
	icity and address of the person(stanagement, LLC , Mana			rity to manage is/are:			
1209 Orange Street		<del></del>					
Wilmington, Delaware 19	801						
	(UL	certific		gn language, a translation o			
This document is executed submitted in a document to	in accordance with section 605 the Department of State constit	tutes a t	1) (b), Florida hird degree fel	ony as provided for in s.817	y false inform 7.155, F.S.	ation	

Typed or printed name of signee

Page 1

## Delaware The First State

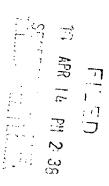
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LINDSAY BLEE AMERICAS, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE ELEVENTH DAY OF MARCH, A.D. 2016.



Authentication: 201972472

Date: 03-11-16

5947730 8300 SR# 20161608640