M17000000950

(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:

WP- 20092

Office Use Only

100153103101

Document originally assigned a Florida document #-
#L09000041353 in error on part of this office.
Record updated/corrected 02/03/2017
M. Milligan

RECEIVED
09 APR 28 PM 4:12
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2009 APR 28 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2009

RESUBMIT

Please give original submission date as file date.

CSC

TALLAHASSEE, FL

SUBJECT: GALBREATH LLC
Ref. Number: W09000020092

We have received your document for GALBREATH LLC and the authorization to debit your account in the amount of $. However, the document has not been filed and is being returned for the following:

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 609A00014397

RECEIVED
09 APR 29 PM 1:48
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : I20000000195

REFERENCE : 974254 4812402

AUTHORIZATION :

COST LIMIT : $ 125.00

ORDER DATE : April 28, 2009

ORDER TIME : 3:28 PM

ORDER NO. : 974254-010

CUSTOMER NO: 4812402

FOREIGN FILINGS

NAME: GALBREATH LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER: _____

FILED
2009 APR 28 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Galbreath LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Indiana
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 35-1867754
(FEI number, if applicable)

4. August 12, 1991
(Date of Organization)

5. perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon Filing
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 461 East Rosser Drive, P.O. Box 220, Winamac, Indiana 46996

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

See attachment

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida:

manufacture and sale of waste handling equipment

Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Chuck Lowrey, Manager
Typed or printed name of signee

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2009 APR 28 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Attachment to
Application by Foreign Limited Liability Company for Authorization
To Transact Business in Florida

9. The name and usual business addresses of the managing members or managers are as follows:

Brian Kwait
Manager
280 Park Avenue
38th Floor, West Tower
New York, NY 10017

Douglas Hitchner
Manager
280 Park Avenue
38th Floor, West Tower
New York, NY 10017

Ross Rodrigues
Manager
280 Park Avenue
38th Floor, West Tower
New York, NY 10017

John G. Scott
Manager
6525 Morrison Boulevard
Suite 314
Charlotte, NC 28211

Chuck Lowrey
Manager
25800 Science Park Drive
Suite 140
Beachwood, OH 44122

FILED
2009 APR 28 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Galbreath LLC

If name unavailable, the alternate name to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company
(Name)

1201 Hays Street
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee FL 32301
City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Corporation Service Company **Troy Todd as its agent**

BY: _____
(Signature)

$ 100.00 Filing Fee for Application
$ 25.00 Designation of Registered Agent
$ 30.00 Certified Copy (optional)
$ 5.00 Certificate of Status (optional)

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

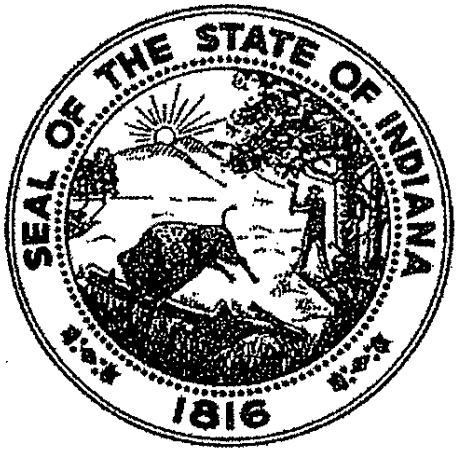
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

GALBREATH LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on August 12, 1991, and was in existence or authorized to transact business in the State of Indiana on April 28, 2009.

I further certify this Domestic Limited Liability Company (LLC) 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 hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-Eighth Day of April, 2009.

Todd Rokita

TODD ROKITA, Secretary of State

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