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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

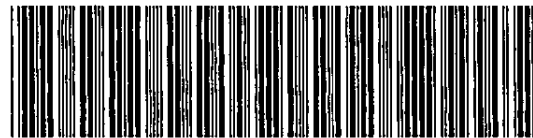
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

cert
W17-50265

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FILED
17 JUN 27 PM 3:21
DIVISION OF CORPORATIONS

O SIMMONS
JUN 28 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2017

WAYNE COLLINS
318 MAIN ST, STE 6300
EVANSVILLE, IN 47708

SUBJECT: SHIELD GLOBAL PARTNERS - G1, LLC
Ref. Number: W17000050265

We have received your document for SHIELD GLOBAL PARTNERS - G1, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 217A00012177

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SHIELD GLOBAL PARTNERS - G1, LLC**

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Wayne Collins

Name of Person

Shield Global Partners-G1 LLC

Firm/Company

318 Main Street, Suite 300

Address

Evansville, IN 47708

City/State and Zip Code

cdeleon@cspalaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

T. Wayne Collins

Name of Contact Person

at (812)

Area Code

618-2015

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
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
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SHIELD GLOBAL PARTNERS, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. INDIANA 3. 47-4115060
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. N/A
(Date first transacted business in Florida, if prior to registration.
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability))
5. 318 MAIN STREET 6. 318 MAIN STREET
(Street Address of Principal Office) (Mailing Address)
- SUITE 300 SUITE 300
- EVANSVILLE, IN 47708 EVANSVILLE, IN 47708

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CLARKE SILVERGLATE, P.A.

Office Address: 799 BRICKELL PLAZA, SUITE 900

MIAMI, Florida 33131
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>MANAGER</u>	<u>T. WAYNE COLLINS</u>		
	<u>318 MAIN ST., SUITE 300</u>		
	<u>EVANSVILLE, IN 47708</u>		

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Signature of an authorized person

Joshua A. Claybourn (Attorney for Shield Global Partners LLC)
Typed or printed name of signee

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State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

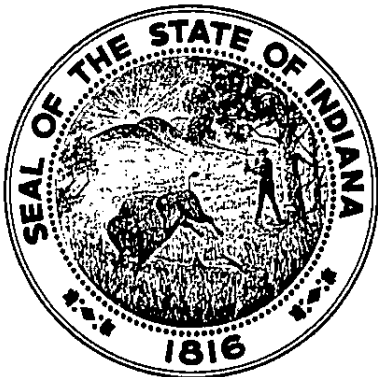
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

SHIELD GLOBAL PARTNERS LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on November 10, 2014, and was in existence or authorized to transact business in the State of Indiana on June 27, 2017.

I further certify this Domestic Limited Liability Company 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 caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 27, 2017

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2014111000431 / 2017342900

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>