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## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 22, 2019

RECEIVED APR 0 3 2019

DONNA BUSH 835 N CONGRESS AVE EVANSVILLE, IN 47715

SUBJECT: LUCKETT INDUSTRIAL, LLC

Ref. Number: W19000028280

We have received your document for LUCKETT INDUSTRIAL, 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):

Please write complete address on #6 of the application. //

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: 919A00005724

## COVER LETTER

TO:

TO:	Registration Section Division of Corporations	
SUBJI	LUCKETT INDUSTRIAL, LLC ECT:	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limited Liability Company	
	nclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," nee, and check are submitted to register the above referenced foreign limited liability company to transact busin	
Please	return all correspondence concerning this matter to the following:	
	DONNA BUSH	ر ن ا ا
	Name of Person	· · · · · · · · · · · · · · · · · · ·
	C/O TRAYLOR BROS., INC.	- - - -
	Firm/Company :	ر. روز
	835 N. CONGRESS AVE.	φ 5
Address		10
	EVANSVILLE, IN 47715	
	City/State and Zip Code	
	TBIADMIN@TRAYLOR.COM	
	E-mail address: (to be used for future annual report notification)	
For fur	rther information concerning this matter, please call:	
	DONNA BUSH 812 477-1542 at ()	•
	Name of Contact Person Area Code Daytime Telephone Number	
	MAHLING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FI. 32301	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE	
	S125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S160.00 Filing I Certificate of Status Certified Copy of Status & Cert	

## 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: LUCKETT INDUSTRIAL, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") LUCKETT IND, LLC (If name unavailable, enter atternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See acctions 605.0904 & 605.0905, F.S. to determine penalty liability) 5956 SHERRY LANE C/O TRAYLOR BROS., INC. (Street Address of Principal Office) **SUITE 1000** -835 N. CONGRESS AVE. DALLAS, TX 75225 EVANSVILLE, IN 47715 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NRAI SERVICES, INC. Name: 1200 SOUTH PINE ISLAND ROAD Office Address: PLANTATION

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.

ina Keel assist Secretory
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: \_\_DANIEL A. TRAYLOR Manager Manager Name: \_\_\_\_\_ 5956 SHERRY LANE Address: \_ Member Member Address: **SUITE 1000** ☐ Authorized Authorized DALLAS, TX 75225 Person Person Other\_\_\_\_ Other\_\_\_\_\_ Other\_\_\_ Manager Name: Manager Name: Member Address: Member Address: ഗ Authorized Authorized Person Person Other Other\_\_\_\_\_\_ Other Other ■Manager Name: Manager | Name: Member ☐ Member Address: Address: Authorized Authorized Person Person Other \_\_Other \_\_\_\_\_ Other Other\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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.

Typed or printed name of signee

DANIEL A. TRAYLOR



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

DELAWARE, DO HEREBY CERTIFY "LUCKETT INDUSTRIAL, 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 FOURTH DAY OF MARCH, A.D. 2019.

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SR# 20191484107

Authentication: 202367550 Date: 03-04-19

You may verify this certificate online at corp.delaware.gov/authver.shtml