

MI9000003977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

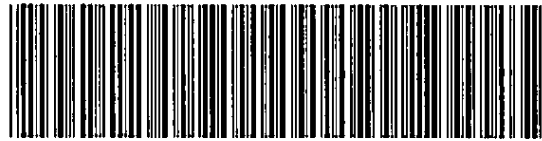
☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



800327222928

04/09/19--01004--033 ♦♦130.00

RECEIVED

APR 08 2019

Special Instructions to Filing Officer:

*per conversation with
Mr. Wallace on 4-19-19
at 4:10 pm; he asked
me to correct the RA
address & enter in the
EIN number (* see attached
letters as
well

Office Use Only

4-19-19
BK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2019

DEAN WALLACE
9441 KINGFISHER PLACE
SEBRING, FL 33875

SUBJECT: SEARAVEN GLAUBEN LLC
Ref. Number: W19000036140

We have received your document for SEARAVEN GLAUBEN 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.

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) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 419A00007216



SEARAVEN GLAUBEN, LLC.
A Holding Company

April 16, 2019

Attention: Brooke Kinsey

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Re: Searaven Glauben, LLC -- Document Number: W19000036140

Hello Ms. Kinsey,

As per your office directive, attached to this correspondence you will find our Certificate of Good Standing and our Certificate of Organization.

Secondly, I made a mistake in my filing, if it's not too much trouble, please change the "Filed By" address

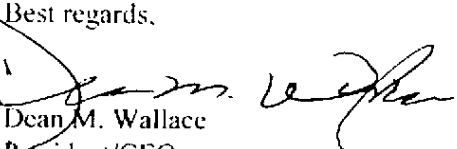
From:
9441 Kingfisher Place
Sebring, FL 33875

To:
400 N Ashley Drive
Tampa, FL 33602

Should you have any questions and or need more information, please do not hesitate to contact me via email at dwallace@stromlng.com or on my cell at (240) 461-0201.

Thank you for all of your assistance.

Best regards,


Dean M. Wallace
President/CEO
Searaven Glauben, LLC

/enclosure

400 N Ashley Drive – Tampa, FL 33602

Searaven Glauben, LLC

400 N. Ashley Drive
Tampa, FL 33875

April 2, 2019

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

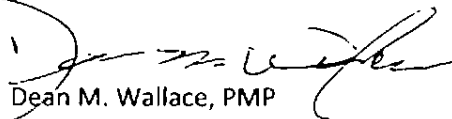
Re: Register Searaven Glauben, LLC as a foreign limited liability company

Hello:

Searaven Glauben, LLC is Wyoming registered company. The Employer Identification Number is 83-3348074. Please register Searaven Glauben, LLC as a foreign limited liability company.

Should you have any questions, please feel free to contact me via email at dwallace@stroming.com, or on my cell at (240) 461-0201 or in my office at (727) 230-8840.

Best regards,



Dean M. Wallace, PMP
Searaven Glauben, LLC
CEO/President

2019 APR 10 10:08:25

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Searaven Glauben 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:

Dean M. Wallace

Name of Person

Searaven Glauben, LLC

Firm/Company

9441 Kingfisher Place

Address

Sebring, FL 33875

City/State and Zip Code

dwallace@stromlng.com

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

For further information concerning this matter, please call:

Dean M. Wallace

727

230-8840

at (_____) _____

Name of Contact Person

Area Code

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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 (602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Searaven Glauben L.L.C
(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. Wyoming 3. 83-3348074
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Business will not start until date of registration
(Date first transacted business in Florida, if prior to registration.)
(See sections 605 (904 & 605.0905, F.S. to determine penalty liability)

5. 400 N. Ashley Drive 6. 400 N. Ashley Drive
(Street Address of Principal Office) (Mailing Address)
Tampa, FL 33875 Tampa, FL 33875

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

Name: Dean M. Wallace
Office Address: ~~944 Kingfisher Place~~ 400 N. Ashley Drive
~~Sebring~~ Tampa, Florida 33875
(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.

Dean M. Wallace
(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:**

☒ Manager Name: Sunget Bin Sariban

☒ Member Address: 400 N. Ashley Drive

☒ Authorized Tampa, FL 33875

Person Chairman [REDACTED]

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: David Ting

☒ Member Address: 400 N. Ashley Drive

☒ Authorized Tampa, FL 33875

Person COO / EVP of Engineering

☐ Other _____ ☐ Other _____

☒ Manager Name: Lukman Nurhakim Samad

☒ Member Address: 400 N. Ashley Drive

☒ Authorized Tampa, FL 33875

Person Director of Global P & A

☐ Other _____ ☐ Other _____

☒ Manager Name: Anthony Telemacque

☒ Member Address: 400 N. Ashley Drive

☒ Authorized Tampa, FL 33875

Person Secretary

☐ Other _____ ☐ Other _____

☒ Manager Name: Dean M. Wallace

☒ Member Address: 400 N. Ashley Drive

☒ Authorized Tampa, FL 33875

Person CEO / President

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

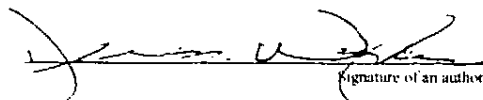
Person _____

☐ 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.

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

Dean M. Wallace

Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

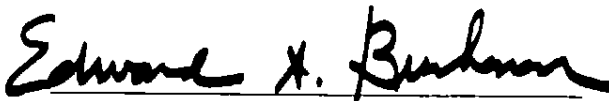
Searaven Glauben LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **January 29, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000838908**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 16th day of April, 2019 at 8:40 AM. This certificate is assigned 030713826.




Secretary of State