

M19000004032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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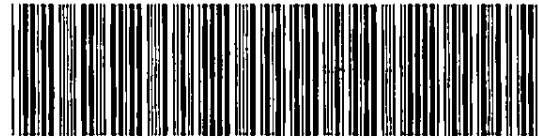
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 APR 22 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

APR 22 2019

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TL McDaniel Trucking 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:

Lara Benham

Name of Person

TL McDaniel Trucking LLC

Firm/Company

P O Box 517

18918 Tioga St

Address

Welda, KS 66091

City, State and Zip Code

tlmcdanieltrucking@yahoo.com

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

For further information concerning this matter, please call:

Lara Benham

785

4487575

Name of Contact Person

at ()

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
2601 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 FLORIDAIN COMPLIANCE WITH SECTION 605.012, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

TL McDaniel Trucking LLC

1. Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLP."

(If name is unavailable, state alternative name adopted for the purpose of transacting business in Florida. The alternative name must include "Limited Liability Company," "LLC," or "LLP.")

2. Kansas 81-1298554
3. (FD number, if applicable)

02/01/2019

4. (List the business location in Florida, if prior to registration.
The address must comply with 605.012, F.S., in domestic country industry.)5. P.O. Box 517 18418 Tropic St In 18418 Tropic St P.O. Box 517 CB
(Home Address of Principal Office) (Mailing Address)

Weida, KS 66081

Weida, KS 66081

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

Name: Registered Agents Inc

Office Address: 7901 4th St N Suite 300

St Petersburg 33702
(City) (State) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above named 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.

Bill Hanna
(Registered agent's signature)FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	Thane L. McDaniel		<input type="checkbox"/> Manager	Name:	Lara Benham	
<input checked="" type="checkbox"/> Member	Address:	P O Box 517	18918 Tiger St.	<input type="checkbox"/> Member	Address:	P O Box 517	18918 Tiger St.
<input type="checkbox"/> Authorized		Welda, KS 66091		<input checked="" type="checkbox"/> Authorized		Welda, KS 66091	
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> 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.

Thane L. McDaniel

Signature of an authorized person

Typed or printed name of signer

2019 APR 22 PM 3:10

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

FILED

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 6773741

Entity Name: T L MCDANIEL TRUCKING, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: Thane Leroy Mcdaniel

Registered Office: 18918 Tioga St, WELDA, KS 66091

was filed in this office on December 21, 2012, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of March 20, 2019

SCOTT SCHWAB
SECRETARY OF STATE

Certificate ID: 1096466 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2019

LARA BENHAM
PO BOX 517
WELDA, KS 66091

SUBJECT: TL MCDANIEL TRUCKING LLC
Ref. Number: W19000038044

We have received your document for TL MCDANIEL TRUCKING LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 219A00007807

2019 APR 17 PM 2:45