

M19000000734C

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

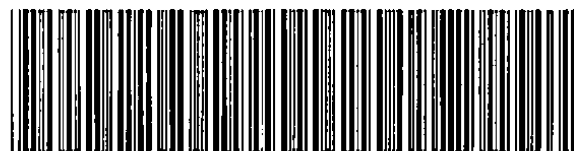
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JUL 31 2019  
M. SOLOMON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 16, 2019

MICHELLE MCRAE  
P.O. BOX C  
SELLERSBURG, IN 47172

SUBJECT: CENTURY INDUSTRIES, LLC  
Ref. Number: W19000064273

We have received your document for CENTURY INDUSTRIES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

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.

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) 245-6051.

Stacy Prather  
Regulatory Specialist III

Letter Number: 119A00014204

COVER LETTER

TO: Registration Section  
Division of Corporations



299 Prather Lane, PO Box C, Sellersburg, IN 47172 USA  
Phone: 812/246-3371 Fax: 812/246-5446  
www.centuryindustries.com

SUBJECT: \_\_\_\_\_

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:

Michelle McKee - Sales Manager  
Name of Person

Century Industries  
299 Prather Lane, PO Box C, Sellersburg, IN 47172 USA  
Phone: 812/246-3371 Fax: 812/246-5446  
www.centuryindustries.com  
(x12)  
City/State and Zip Code

michelle@centuryindustries.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bob UHL - President at 812 246-3371 x 23  
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 605.090, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CENTURY INDUSTRIES, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

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

3. 35-202-6586  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. \_\_\_\_\_  
(Street Address of Principal Office)

6.

**Century Industries**  
298 Prather Lane, PO Box C, Sellersburg, IN 47172 USA  
Phone: 812/246-3371 Fax: 812/246-5448  
www.centuryindustries.com

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www.centuryindustries.com

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.

Michelle Fair, Michelle Fair, Asst Secretary  
(Registered agent's signature)

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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:**

☒ Manager

Name: Bob Uhl

☐ Member

☐ Authorized

Person

☒ Other Owner

☐ Other \_\_\_\_\_

☐ Manager

☐ Member

☒ Authorized

Person

☒ Other Sales Manager

☐ Other \_\_\_\_\_

**Century Industries**

299 Prather Lane, PO Box C, Sellersburg, IN 4717  
Phone: 812/246-3371 Fax: 812/246-5446  
www.centuryindustries.com

☒ Manager

Name: JOHN UHL

☐ Member

☐ Authorized

Person

☒ Other VP

☐ Other \_\_\_\_\_

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

Person

☐ Other \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

Person

☐ 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

MICHELLE MCKEE  
Typed or printed name of signee

Commonwealth of Kentucky  
Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 218573

Visit <https://app.sos.ky.gov/fisherv/validate.aspx> to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**CENTURY INDUSTRIES, LLC**

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is September 24, 1997 and whose period of duration is September 30, 2075.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 30<sup>th</sup> day of July, 2019, in the 228<sup>th</sup> year of the Commonwealth.



*Alison Lundergan Grimes*

Alison Lundergan Grimes  
Secretary of State  
Commonwealth of Kentucky  
218573/0439123

RECEIVED  
19 JUL 31 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA