

119000010139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

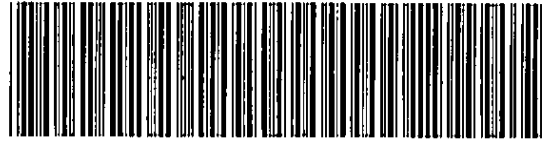
(Business Entity Name)

(Document Number)

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

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2019 OCT -9 PM 4:21  
CLERK OF COURT  
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D. BRUCE  
OCT 22 2019

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CENTURION EXTERIORS OF FLORIDA, 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:

JON A. BRAGALONE

Name of Person

CARSON LLP

Firm/Company

301 W. JEFFERSON BLVD., STE. 200

Address

FORT WAYNE, IN 46802

City/State and Zip Code

BRAGALONE@CARSONLLP.COM

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

For further information concerning this matter, please call:

JON A. BRAGALONE

260

423-9411

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

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AAA, NATIONAL RIFLE CORPORATION, SECURITY COMPANY FOR A LIMITED TIME, SECURITY BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 305.0902 FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

CENTURION EXTERIORS OF FLORIDA, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

CASLE W/ADG HC, LLC

(If none available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

7127 NA.

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

1.9

(FEI) number, if applicable:

NOT APPLICABLE

(Date first introduced business in Florida, if prior to registration)

SAS LAKEVIEW DRIVE

5. (Street Address of Principal Office)

CARIE

5 \_\_\_\_\_  
(Marital Address)

PCRT 24 THE IN: 6253

7. Name and street address of Florida registered agent (if C, Box NC); acceptable:

JOSEPH LATHGOW  
[REDACTED]

1.  $\frac{1}{2}$  : 2.

Office Address, 6260 EDGEWATER DRIVE, STE 2700

Office Address:

CFLANDCO

22216

57

1077

'?:: code)

100-443887-100

[illegible]

(Registered G. 8107) - 1964

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: JOHN QUILLEN  
☐ Member Address: 1943 LAKEVIEW DR.  
☐ Authorized FORT WAYNE, IN 46808  
Person  
☐ Other ☐ Other

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

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person  
☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person  
☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person  
☐ Other ☐ Other

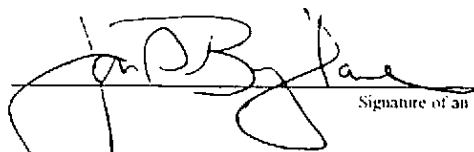
☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person  
☐ Other ☐ Other

☐ 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  
JON A. BRAGALONE, AUTHORIZED SIGNER  
Typed or printed name of signer

**State of Indiana**  
**Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

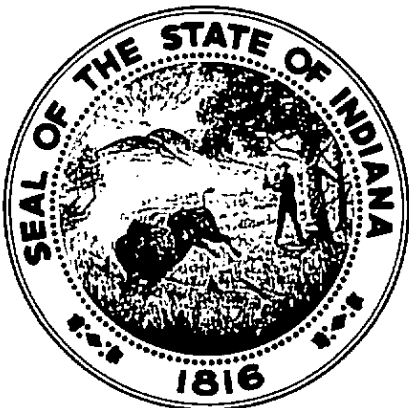
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**CENTURION EXTERIORS OF FLORIDA LLC**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 03, 2019, and was in existence or authorized to transact business in the State of Indiana on October 03, 2019.

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. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 03, 2019

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

201910031349499 / 20191127702

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on November 02, 2019.