

M20000004138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

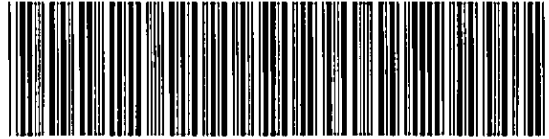
(Document Number)

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APR 29 2020

APR 29 2020

FILED

W20-36737

APR 30 2020

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eckart, 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:

Kim Gunther

Name of Person

Eckart, LLC

Firm/Company

426 Quarry Rd NW

Address

Corydon, IN 47112

City/State and Zip Code

kgunther@eckart.com

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

For further information concerning this matter, please call:

Kim Gunther

Name of Contact Person

812

Area Code

738-3232 ex3051

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2020

KIM GUNTHER
426 QUARRY RD NW
CORYDON, IN 47112

SUBJECT: ECHART, LLC
Ref. Number: W20000036737

We have received your document for ECHART, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a fee of \$55.00 due.

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.

You are wanting to file a Foreign LLC the document you sent in is for filing a Foreign Corporation.,

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 120A00007766

RECEIVED

APR 27 2020

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:

1. Eckart, LLC
(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. Indiana 3. 35-2135564
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 4/30/2020
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 426 Quarry Rd NW 6. 426 Quarry Rd NW
(Street Address of Principal Office) (Mailing Address)

Corydon, IN 47112 Corydon, IN 47112

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

Name: Northwest Registered Agent LLC
Office Address: 7901 4th St N STE 300
St. Petersburg, Florida 33702
(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.

Tom Glover
(Registered agent's signature)

FILED
MAR 29 PM 4:39
CLERK OF CIRCUIT COURT
IN 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]:

Title or Capacity: _____ **Name and Address:** _____
☒ Manager Name: Philip Bennett
☐ Member Address: 426 Quarry Rd NW
☐ Authorized Corydon, IN 47112
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: _____ **Name and Address:** _____
☒ Manager Name: Chad Coffman
☐ Member Address: 426 Quarry Rd NW
☐ Authorized Corydon, IN 47112
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: Michael Bennett
☒ Member Address: 426 Quarry Rd NW
☐ Authorized Corydon, IN 47112
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: Christopher Kellem
☒ Member Address: 426 Quarry Rd NW
☐ Authorized Corydon, IN 47112
Person _____
☐ Other _____ ☐ Other _____

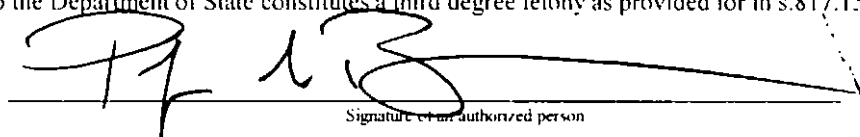
☐ Manager Name: Jeff Davis
☒ Member Address: 426 Quarry Rd NW
☐ Authorized Corydon, IN 47112
Person _____
☐ Other _____ ☐ Other _____

☐ 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

Philip Bennett, CEO

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

ECKART, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on March 16, 2001, and was in existence or authorized to transact business in the State of Indiana on April 20, 2020.

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, April 20, 2020

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2001033000337 / 20201396594

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

Expires on May 20, 2020.