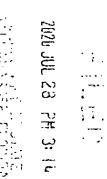
(Requestor's Name)
, , , ,
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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### **COVER LETTER**

4

Registration Section
Division of Corporations

TO:

Name of Limited Liability Company					
		Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida.			
lease return al	I correspondence concerning this matter t	to the following:			
	BRENT SEEGMILLER				
		Name of Person			
	EIB EQUIPMENT LEASING, LLC				
		Firm/Company 5			
	8722 S HARRISON STREET	28 P			
		Address			
	SANDY, UT 84070	TO THE TENTH OF TH			
	C	City/State and Zip Code			
	BRENTS@PREMEIS.COM				
	E-mail address: (to be	e used for future annual report notification)			
For further info	rmation concerning this matter, please ca	ill:			
ANG	ELA L. HOUCK	407 925-8500			
	Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee			
Talla	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Please	sed is a check for the following amount: make check payable to: FLORIDA DEF 25.00 Filing Fee \$130.00 Filing Fe Certificate of	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate			

# 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:

name unavailable, enter alternate r	name adopted for the purpose of transacting business in Florida.	The alternate name must include "Limited Limit	iluv Company ""LL (: " or "LL	
UTAH		N/A	,	
	hich foreign limited liability company is organized)	3. (FEI number, if applicable)		
27/1				
N/A	A		<u>-1,</u> 28	
	(Date first transacted business in Florida, if prior to regist (See sections 605,0904 & 605,0905, F.S. to determine per	ration.) nalty liability)		
8722 S HARRISON S	TREET	700 11TH STREET SOUTH		
treet Address of Principal Office)		(Mailing Address)	<del>2</del> 8	
		SUITE 201		
		····	- <u> </u>	
SANDY, UT 84070		NAPLES, FL 34102	문화 물	
Name:	STEVEN OGELLA			
	700 11TH STREET SOUTH, STE 201			
Office Address:				
Office Address:	NAPLES	34102		
Office Address:	NAPLES (City)	34102 Florida(Zip code)		

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: Title or Capacity: Name and Address: Name and Address: Name: BRENT SEEGMILLER Name: RICK J. LINDSEY ■Manager ■ Manager Address: \_\_\_\_\_8722 S HARRISON STREET Address: 8722 S HARRISON STREET □Member □Member □ Authorized ☐ Authorized SANDY, UT 84070 SANDY, UT 84070 Person Person □Other\_\_\_\_ Other\_\_\_\_ □ Other □Other □Manager Name: □Manager Name: □Member Address: □Member Address: □ Authorized ☐ Authorized Person Person □Other\_\_\_ □Other\_\_\_\_ □Other □ Manager □ Manager □ Member □Member Address: □ Authorized ☐ Authorized Person Person □Other □Other\_\_\_\_ □Other □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 BRENT SEEGMILLER

Typed or printed name of signee



### **Utah Department of Commerce**

Division of Corporations & Commercial Code 160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Content (2011) 530-4849

Toll Free: (877) 526-3994 Utah Residents Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

07/23/2020 10624823-016007232020-1389161

## **CERTIFICATE OF EXISTENCE**

**Registration Number:** 

10624823-0160

**Business Name:** 

EIB EQUIPMENT LEASING, LLC

**Registered Date:** 

December 07, 2017

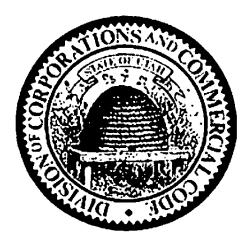
**Entity Type:** 

LLC - Domestic

Status:

Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Jam Stup

Jason Sterzer
Director
Division of Corporations and Commercial Code