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# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:** _____

FILED
2020 AUG 28 AM 11:55

**Foreign Limited Liability Company**
**THL SELECT, LLC**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | $125.00 |

Electronic Filing Menu Corporate Filing Menu Help

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## COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THL Select, 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:

Courtney Riess
Name of Person

THL Select, LLC
Firm/Company

547 Center Street
Address

Lake Geneva, WI 53150
City/State and Zip Code

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

For further information concerning this matter, please call:

Courtney Riess at (262) 581-4300
Name of Contact Person — Area Code — Daytime Telephone Number

**Mailing Address:**
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address:**
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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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## 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. THL Select, 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-2435649
(FEI number, if applicable)

4. October 15, 2020
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0905 or 605.0906, F.S. to determine penalty liability)

5. c/o Courtney Reiss
1212 St. George Rd.
Evansville, IN 47111
(Street Address of Principal Office)

6. 547 Center Street
Lake Geneva, WI 53147
(Mailing Address)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

FILED
2020 AUG 28 A 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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.***

Corporation Service Company

By: Kadesha Roberson
(Registered agent's signature) Kadesha Roberson, Asst. Vice President

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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: Steve Trensch | ■ Manager | Name: Robert Rader |
| ☐ Member | Address: 547 Center Street | ☐ Member | Address: 547 Center Street |
| ☐ Authorized | Lake Geneva, WI 53147 | ☐ Authorized | Lake Geneva, WI 53147 |
| Person | | Person | |
| ☐ Other President | ☐ Other | ☐ Other EVP | ☐ Other |
| ☐ Manager | Name: | ☐ Manager | Name: |
| ☐ Member | Address: | ☐ Member | Address: |
| ☐ Authorized | | ☐ Authorized | |
| Person | | Person | |
| ☐ Other | ☐ Other | ☐ Other | ☐ Other |
| ☐ Manager | Name: | ☐ Manager | Name: |
| ☐ Member | Address: | ☐ 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. 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

Courtney Reiss

Signature of an authorized person

Courtney Reiss

Typed or printed name of signer

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# 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

**THL SELECT, LLC**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on July 30, 2020, and was in existence or authorized to transact business in the State of Indiana on August 24, 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.

SEAL OF THE STATE OF INDIANA 1816

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 24, 2020

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

202007301410363 / 20201591077

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

**Expires on September 23, 2020.**