

MA1000001667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

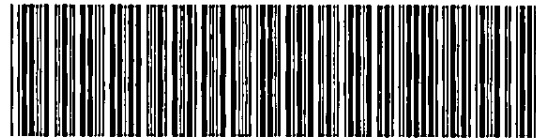
(Document Number)

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

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21 FEB 2002  
10:30 AM  
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FEB 12 2002  
T. LEWIS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lynne Management Services, 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:

Stacy Hilaski  
Name of Person

Lynne Management Services  
Firm/Company

112 E Collins Road  
Address

Fort Wayne, IN 46825  
City/State and Zip Code

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

For further information concerning this matter, please call:

Stacy Hilaski at ( 260 ) 442-1981  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 14, 2021

STACY HILASKI  
112 E COLLINS RD  
FT WAYNE, IN 46825

SUBJECT: LYNNE MANAGEMENT SERVICES, LLC  
Ref. Number: W21000003899

We have received your document for LYNNE MANAGEMENT SERVICES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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: 621A00000883

RECEIVED

FEB 8 2021

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR REGISTRATION  
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. Lynne Management Services, 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, Allen County  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 47-2624137  
(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. 112 E Collins RD  
(Street Address of Principal Office)
6. 112 E Collins RD  
(Mailing Address)
- Fort Wayne, IN 46825
- Fort Wayne, IN 46825
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 S. Pine Island Road  
Plantation, FL, 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.

Christina Kain

Christina Kain  
Assistant Secretary

(Registered agent's signature)

21 17336 209

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: Stacy Hilaski

☒ Member Address: 118<sup>E</sup> Collins Rd.

☐ Authorized Fort Wayne, IN

Person 46825

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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

☐ Manager Name: B. Beverly

☒ Member Address: 118 E. Collins Rd

☐ Authorized Fort Wayne, IN

Person 46825

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Emily McClain

☐ Member Address: 112 E. Collins Dr.

☐ Authorized Fort Wayne, IN

Person 46825

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Jennifer McGill

☐ Member Address: 112 E. Collins Rd

☒ Authorized Fort Wayne, IN

Person 46825

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: C.M. Forrest

☐ Member Address: 203 W. Wayne St.

☐ Authorized Fort Wayne, IN

Person 46802

☒ Other Counsel ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

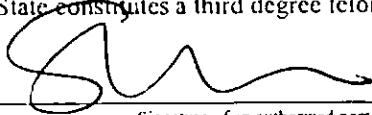
Person \_\_\_\_\_

☐ 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

STACY HILASKI

Typed or printed name of signer

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

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

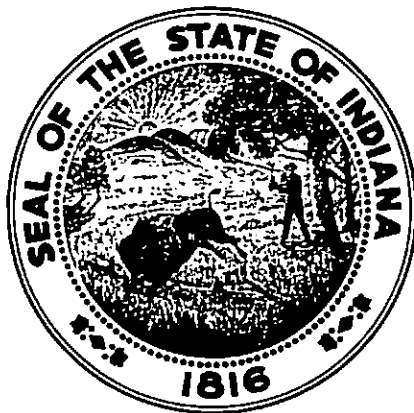
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**LYNNE MANAGEMENT SERVICES, LLC**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on November 13, 2020, and was in existence or authorized to transact business in the State of Indiana on December 23, 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, December 23, 2020

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

202011131436617 / 20201773518

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

Expires on January 22, 2021.