

W21000002243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

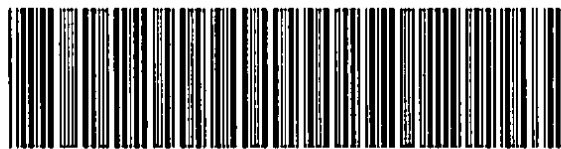
(Document Number)

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2/25/21

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Central Products, 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:

Jeff Morris

\_\_\_\_\_  
Name of Person

Central Products, LLC

\_\_\_\_\_  
Firm/Company

7750 Georgetown Rd

\_\_\_\_\_  
Address

Indianapolis, IN 46268-4135

\_\_\_\_\_  
City/State and Zip Code

finance@central-products.com

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

For further information concerning this matter, please call:

Danielle Depper:

317

238-8257

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

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. Central Products 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. neada 3. 03 0605365  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 2/1/2021  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0901 & 605.0902, F.S. to determine penalty liability)

5. 7750 Georgetown Road 6. 7750 Georgetown Road  
(Street Address of Principal Office) (Mailing Address)

neada s n 46268 4135 neada s n 46268 4135

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, 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.*

By: C T Corporation System Christine Hart  
(Registered agent's signature) (Assistant Secretary)

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Jeff Morris</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Keith Kidwell</u>
<input type="checkbox"/> Member	Address: <u>7750 Georgetown Rd</u>	<input type="checkbox"/> Member	Address: <u>7750 Georgetown Rd</u>
<input type="checkbox"/> Authorized	<u>Indianapolis, IN 46268-4135</u>	<input type="checkbox"/> Authorized	<u>Indianapolis, IN 46268-4135</u>
<input type="checkbox"/> Person	<u></u>	<input type="checkbox"/> Person	<u></u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>Susan VanWort</u>	<input type="checkbox"/> Manager	Name: <u>Danielle Deppert</u>
<input type="checkbox"/> Member	Address: <u>7750 Georgetown Rd</u>	<input type="checkbox"/> Member	Address: <u>7750 Georgetown Rd</u>
<input checked="" type="checkbox"/> Authorized	<u>Indianapolis, IN 46268-4135</u>	<input checked="" type="checkbox"/> Authorized	<u>Indianapolis, IN 46268-4135</u>
<input type="checkbox"/> Person	<u></u>	<input type="checkbox"/> Person	<u></u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
<input type="checkbox"/> Person	<u></u>	<input type="checkbox"/> Person	<u></u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

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**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.

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)

I, 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.

**Danielle Deppert**

Digitally signed by Danielle Deppert;  
Date: 2021.01.13 11:23:34 -05'00'

Signature of an authorized person

Danielle Deppert

Typed or printed name of signer

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

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

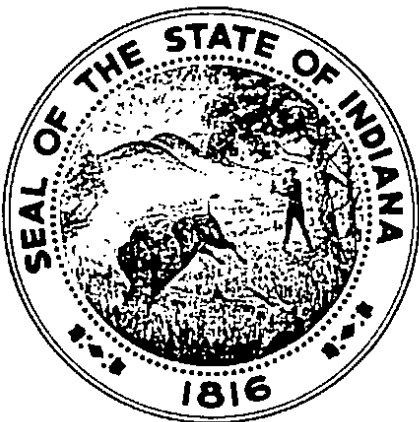
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**CENTRAL PRODUCTS, LLC**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on September 18, 2006, and was in existence or authorized to transact business in the State of Indiana on January 13, 2021.

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, January 13, 2021

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

2006091900648 / 20211810205

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

Expires on February 12, 2021.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 27, 2021

JEFF MORRIS  
7750 GEORGETOWN RD  
INDIANAPOLIS, IN 46268-4135 US

SUBJECT: CENTRAL PRODUCTS, LLC  
Ref. Number: W21000008585

We have received your document for CENTRAL PRODUCTS, LLC and your check(s) totaling \$125.00. 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.

Sharon D Franklin  
Regulatory Specialist II

Letter Number: 221A00001952

**RECEIVED**  
FEB 24 2021