





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 20, 2021

DEBRA MCINTIRE  
46 S ROLLING MEADOWS DR  
FOND DU LAC, WI 54937

SUBJECT: ASTRA GROUP, LLC  
Ref. Number: W21000036941

We have received your document for ASTRA GROUP, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a fee of \$25.00 due.

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: 521A00005874

**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. Astra Group, 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. Georgia 3. 58-2099418  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 300 Churchill Court 6. 300 Churchill Court  
(Street Address of Principal Office) (Mailing Address)  
Woodstock, GA 30188 Woodstock, GA 30188

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)

FILED  
JUN 15 AM 10:05  
CLERK 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.*

Tracy Kellner  
(Registered agent's signature) Tracy Kellner - 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>Jerrod Henschel</u>	<input type="checkbox"/> Manager	Name: <u>Andrew Lindsay</u>
<input type="checkbox"/> Member	Address: <u>46 S. Rolling Meadows Dr.</u>	<input type="checkbox"/> Member	Address: <u>300 Churchill Ct.</u>
<input checked="" type="checkbox"/> Authorized	<u>Fond du Lac, WI 54937</u>	<input checked="" type="checkbox"/> Authorized	<u>Woodstock, GA</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other <u></u>	<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other <u>30188</u>
<input type="checkbox"/> Manager	Name: <u>Allen Eison</u>	<input type="checkbox"/> Manager	Name: <u>George Heitz</u>
<input type="checkbox"/> Member	Address: <u>300 Churchill Ct.</u>	<input type="checkbox"/> Member	Address: <u>300 Churchill Ct.</u>
<input checked="" type="checkbox"/> Authorized	<u>Woodstock, GA 30188</u>	<input checked="" type="checkbox"/> Authorized	<u>Woodstock, GA 30188</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other <u></u>	<input checked="" type="checkbox"/> Other <u>Secretary &amp; CFO</u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u>Todd Meyer</u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u>46 S. Rolling Meadows Dr.</u>	<input type="checkbox"/> Member	Address: <u></u>
<input checked="" type="checkbox"/> Authorized	<u>Fond du Lac, WI 54937</u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>Treasurer</u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

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

Todd Meyer

# STATE OF GEORGIA

## Secretary of State

Corporations Division  
313 West Tower  
2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**ASTRA GROUP, LLC**  
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 20390229  
Date Inc/Auth/Filed: 03/07/1994  
Jurisdiction : Georgia  
Print Date : 03/03/2021  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State