

M21000010429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

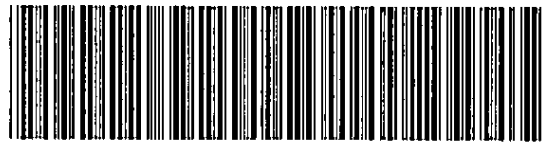
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

SA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SEI ELEVATORS 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:

Jason Trinks

Name of Person

SEI ELEVATORS LLC

Firm/Company

284 W 1050 N

Address

Chesterton, IN 46304

City/State and Zip Code

jtrinks@seisolutions.com

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

For further information concerning this matter, please call:

Jason Trinks

219

508-0305

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. SEI ELEVATORS 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 3. 87-1950703
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 8/2/2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 284 W 1050 N 6. 284 W 1050 N
(Street Address of Principal Office) (Mailing Address)
Chesterton, IN 46304 Chesterton, IN 46304

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

Name: Jeff Jones
Office Address: 42215 Lake Timber
Babcock Ranch 33982
(City) Florida (Zip code)

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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.

Jeff C. Jones
(Registered agent's signature)

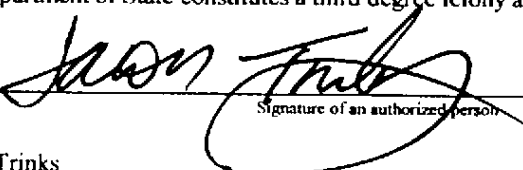
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
☐ Manager	Name:	Jason Trinks		☐ Manager	Name:	Jeff Jones	
☒ Member	Address:	1714 Armour Court		☒ Member	Address:	42215 Lake Timber	
☐ Authorized		Chesterton, IN 46304		☐ Authorized		Babcock Ranch, FL 33982	
Person				Person			
☐ Other		☐ Other		☐ Other		☐ Other	
☐ Manager	Name:	Lance Hodge		☐ Manager	Name:		
☒ Member	Address:	201 Bote Dr		☐ Member	Address:		
☐ Authorized		Chesterton, IN 46304		☐ 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.



Signature of an authorized person
Jason Trinks

Typed or printed name of signer

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

**Certificate of Organization
of
SEI ELEVATORS LLC**

I, HOLLI SULLIVAN, Secretary of State, hereby certify that Articles of Organization of the above Domestic Limited Liability Company have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

NOW, THEREFORE, with this document I certify that said transaction will become effective Saturday, July 31, 2021.



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 02, 2021.

HOLLI SULLIVAN
SECRETARY OF STATE

202107311511308 / 9097692

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>