

10/12/21, 3:13 PM

Division of Corporations

W210003811513413
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210003811513)))



H210003811513ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FC4000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

2021 OCT 12 PM 3:39

TALLAHASSEE, FLORIDA

2021 OCT 12 PM 1:15

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

Email Address: _____

**Foreign Limited Liability Company
Badger Transportation LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

534
10/13/21

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. Badger Transportation LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Indiana 3. 87-2442844
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI 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. 4910 N County Road 900 E. 6. 4910 N County Road 900 E.
(Street Address of Principal Office) (Mailing Address)
Brownsburg, Indiana 46112-8540 Brownsburg, Indiana 46112-8540

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: Scott White Scott White, Assistant Secretary
(Registered agent's signature)

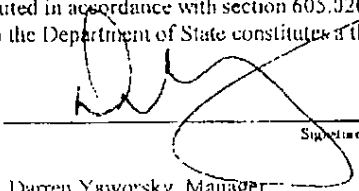
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Rob Blackadar	<input checked="" type="checkbox"/> Manager	Name: Elizabeth Peterson
<input type="checkbox"/> Member	Address: 4910 N County Road 900 E.	<input type="checkbox"/> Member	Address: 4910 N County Road 900 E.
<input type="checkbox"/> Authorized Person	Brownsburg, Indiana, 46112-8540	<input type="checkbox"/> Authorized Person	Brownsburg, Indiana, 46112-8540
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input checked="" type="checkbox"/> Manager	 Name: Timothy Reiber	 <input checked="" type="checkbox"/> Manager	 Name: Paul Vanderberg
<input type="checkbox"/> Member	Address: 4910 N County Road 900 E.	<input type="checkbox"/> Member	Address: 4910 N County Road 900 E.
<input type="checkbox"/> Authorized Person	Brownsburg, Indiana, 46112-8540	<input type="checkbox"/> Authorized Person	Brownsburg, Indiana, 46112-8540
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input checked="" type="checkbox"/> Manager	 Name: Darren Yaworsky	 <input type="checkbox"/> Manager	 Name: Badger Daylighting Corp.
<input type="checkbox"/> Member	Address: 4910 N County Road 900 E.	<input checked="" type="checkbox"/> Member	Address: 701 S Carson Street
<input type="checkbox"/> Authorized Person	Brownsburg, Indiana, 46112-8540	<input type="checkbox"/> Authorized Person	Suite 200
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	Carson City, Nevada 89701

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 605.9203(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
 Darren Yaworsky, Manager
 Typed or printed name of signer

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

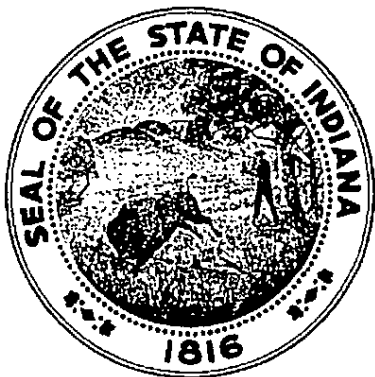
I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

BADGER TRANSPORTATION LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on August 23, 2021, and was in existence or authorized to transact business in the State of Indiana on September 23, 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, September 23, 2021

HOLLI SULLIVAN
SECRETARY OF STATE

202108231517668 / 20212220064

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

Expires on October 23, 2021.