

m210000/4808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



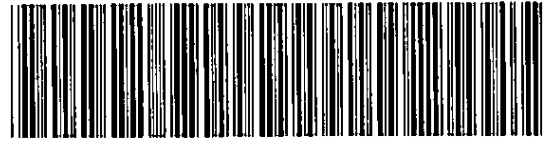
(Business Entity Name)

(Document Number)

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

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**T. LEMIEUX**

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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. Silverlanes Lighting 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. Arizona 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. September 28, 2021  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 760 E Williams field RD 6. 1121 E Jupiter DL  
(Street Address of Principal Office) (Mailing Address)  
Gilbert, AZ, 85295 Chandler, AZ, 85225

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

Name: Kurt Shelten

Office Address: 6172 Semine Ter,

Margate, Florida 33063  
(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.

Kurt Shelten  
(Registered agent's signature)

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA

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: Joshua Arredondo

☐ Member Address: ~~1121~~ 1121 E Jupiter Pl

☐ Authorized Chandler, AZ 85225

Person \_\_\_\_\_

☒ Other Owner ☐ Other \_\_\_\_\_

☐ Manager Name: Kurt Shelton

☐ Member Address: 6172 Seminole Terr

☐ Authorized Margate, FL 33063

Person \_\_\_\_\_

☒ Other Owner ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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

☐ Manager Name: Jesse Milden

☐ Member Address: 1262 Forsyth Pl

☐ Authorized E Liverpool, Ohio 43920

Person \_\_\_\_\_

☒ Other owner ☐ Other \_\_\_\_\_

☒ Manager Name: Will Shuler

☐ Member Address: 738 S Pomeroy

☐ Authorized Mesa AZ, 85210

Person \_\_\_\_\_

☒ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

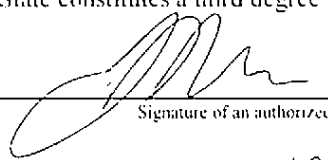
Person \_\_\_\_\_

☐ 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

Joshua Arredondo  
\_\_\_\_\_  
Typed or printed name of signer

# STATE OF ARIZONA



## Office of the CORPORATION COMMISSION

### CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

**Silver Lanes Lighting LLC**

ACC file number: 23110772

was incorporated under the laws of the State of Arizona on 07/23/2020, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **10/04/2021**



A handwritten signature in black ink, reading "Matthew Neubert", written over a horizontal line.

**Matthew Neubert, Executive Director**

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Silverlance Lighting 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:

Joshua Arredondo  
Name of Person

Silverlance Lighting LLC  
Firm/Company

1121 E Jupiter PL  
Address

~~Chandler~~ Chandler AZ 85225  
City/State and Zip Code

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

For further information concerning this matter, please call:

Will Shafer at ( 913 ) 375-5404  
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