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T. LEMIEUX



KRUGLIAK, WILKINS, GRIFFITHS
& DOUGHERTY CO., L.P.A. attorneys at law

Becky M. Weber
330-244-2367
rweber@kwgd.com

November 1, 2021

VIA OVERNIGHT MAIL

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: Applications by Foreign Limited Liability Company

Attn: Registration Section

Enclosed herein are three (3) applications for authorization to transact business in Florida for:

Lindsay Precast, LLC

Precast Leasing, LLC

Triple L Land, LLC

Also included are three (3) Division of Corporations Cover Letters and three (3) checks payable to the Florida Department of State in the amount of \$125.00 to cover the filing fee for each application.

If you have any questions regarding this matter please call me.

Very truly yours,

KRUGLIAK, WILKINS, GRIFFITHS
& DOUGHERTY CO., L.P.A.

Becky M. Weber
Corporate Paralegal

Encl.

03133759-1 / 09753.07-0043



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LINDSAY PRECAST, 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:

BECKY WEBER

Name of Person

KRUGLIAK, WILKINS, GRIFFITHS & DOUGHERTY CO., L.P.A.

Firm/Company

4775 MUNSON STREET NW

Address

CANTON OH 44718

City/State and Zip Code

RWEBER@KWGD.COM

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

For further information concerning this matter, please call:

BECKY WEBER

330 244-2367
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. LINDSAY PRECAST, LLC

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

DELAWARE

2. (Jurisdiction under the law of which foreign limited liability company is organized)

34-1024393

3. (FEI number, if applicable)

OCTOBER 28, 2021

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

6845 Eric Ave NW, Canal Fulton, OH 44614

5. (Street Address of Principal Office)

6845 Eric Ave NW, Canal Fulton, OH 44614

6. (Mailing Address)

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

Name: CORPORATION SERVICE COMPANY

Office Address: 1201 HAYS STREET

TALLAHASSEE, Florida 32301
(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.

Elizabeth R. Konieczny, Asst. VP

(Registered agent's signature)

Elizabeth R. Konieczny, Asst. VP

21 NOV -3 PM 2:50

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers of 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:	ROLAND C. LINDSAY, JR.	<input type="checkbox"/> Manager	Name:	_____
<input type="checkbox"/> Member	Address:	6845 Eric Ave. NW	<input type="checkbox"/> Member	Address:	_____
<input type="checkbox"/> Authorized Person		Canal Fulton, OH 44614	<input type="checkbox"/> Authorized Person		_____
<input type="checkbox"/> Other		_____	<input type="checkbox"/> Other		_____
<input type="checkbox"/> Manager	Name:	_____	<input type="checkbox"/> Manager	Name:	_____
<input type="checkbox"/> Member	Address:	_____	<input type="checkbox"/> Member	Address:	_____
<input type="checkbox"/> Authorized Person		_____	<input type="checkbox"/> Authorized Person		_____
<input type="checkbox"/> Other		_____	<input type="checkbox"/> Other		_____
<input type="checkbox"/> Manager	Name:	_____	<input type="checkbox"/> Manager	Name:	_____
<input type="checkbox"/> Member	Address:	_____	<input type="checkbox"/> Member	Address:	_____
<input type="checkbox"/> Authorized Person		_____	<input type="checkbox"/> Authorized Person		_____
<input type="checkbox"/> Other		_____	<input type="checkbox"/> Other		_____
<input type="checkbox"/> Manager	Name:	_____	<input type="checkbox"/> Manager	Name:	_____
<input type="checkbox"/> Member	Address:	_____	<input type="checkbox"/> Member	Address:	_____
<input type="checkbox"/> Authorized Person		_____	<input type="checkbox"/> Authorized Person		_____
<input type="checkbox"/> Other		_____	<input type="checkbox"/> 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.817.135, F.S.

Roland C. Lindsay, Jr.
Signature of authorized person
 ROLAND C. LINDSAY, JR., MANAGER
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LINDSAY PRECAST, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.




Jeffrey W. Bullock, Secretary of State

6344172 8300

SR# 20213637999

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204533878

Date: 10-28-21