

M320 0000/426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

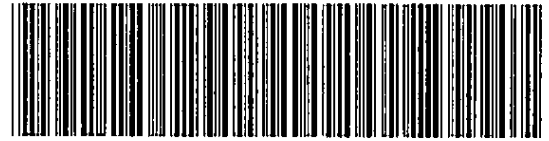
(Document Number)

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S. HAWKES

JAN - 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2022

SAMANTHA PETITFRERE
367 ORANGE STREET
BRIDGEPORT, CT 06607

SUBJECT: LAYNE LUBRICATIONS LLC
Ref. Number: W22000003495

We have received your document for LAYNE LUBRICATIONS LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes
Regulatory II

Letter Number: 422A00000822

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Layne Lubrications 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:

Samantha Petitfrere
Name of Person
Layne Lubrications LLC
Firm/Company
367 Orange Street
Address
Bridgeport, CT 06607
City/State and Zip Code
spetitfrere@laynelubrications.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shay Sadler 305 390-1968
Name of Contact Person at () 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. Layne Lubrications 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. Connecticut

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

3. 47-3990145

(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. 367 Orange Street Bridgeport, CT 06607

(Street Address of Principal Office)

6. 120 Middle Street #643 Bridgeport, CT 06601

(Mailing Address)

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

Name:

Registered Agents Inc.

Office Address:

7901 4th St N STE 300

St. Petersburg

(City)

, Florida

33702

(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.

Bill Hume

(Registered agent's signature)

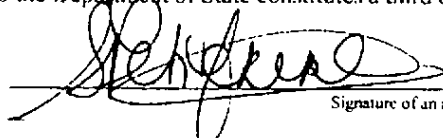
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Samantha Pettiffrere	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 160A Yaremich Drive	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Bridgeport, CT 06606	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: Shakiyah Sadler	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 2147 Park Spring Cirlee	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Arlington, TX 76013	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: Joann Isler	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 220 Lincoln Ave	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Bridgeport, CT 06606	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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.817.155, F.S.



Signature of an authorized person
Samantha Pettiffrere

Typed or printed name of signee

Secretary of the State of Connecticut
Certificate of Legal Existence
Standard Certificate

Date Issued: November 09, 2021

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

Business Details

Business Name	LAYNE LUBRICATIONS LLC
Business ALEI	US-CT.BER:1207104
Formation Date	05/25/2016



Secretary of the State

Business ALEI: US-CT.BER:1207104

Certificate Number: C-00015101

Note: To verify this certificate, visit <http://www.business.ct.gov>