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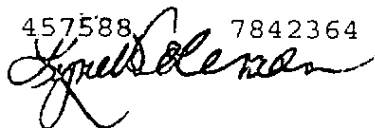
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FEB -8 2022

M. SOLOMON

FILE 2NC

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 457588 7842364
AUTHORIZATION : 
COST LIMIT : \$ 125.00

ORDER DATE : February 3, 2022
ORDER TIME : 8:45 AM
ORDER NO. : 457588-020
CUSTOMER NO: 7842364

FOREIGN FILINGS

NAME: SHEPLERS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

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. Sheplers, 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. Kansas
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-0604311
(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. 15345 Barranca Pkwy
(Street Address of Principal Office)

6. 15345 Barranca Pkwy
(Mailing Address)

Irvine, CA 92618 Irvine, CA 92618

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.

Corporation Service Company

By: Eylina Bahar
Assistant Vice President
(Registered agent's signature)

STATE OF FLORIDA
DEPARTMENT OF STATE

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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:	James G. Conroy		<input checked="" type="checkbox"/> Manager	Name:	Gregory V. Hackman	
<input type="checkbox"/> Member	Address:	15345 Barranca Pkwy		<input type="checkbox"/> Member	Address:	15345 Barranca Pkwy	
<input type="checkbox"/> Authorized		Irvine, CA 92618		<input type="checkbox"/> Authorized		Irvine, CA 92618	
	Person				Person		
<input type="checkbox"/> Other			<input type="checkbox"/> Other	<input type="checkbox"/> Other			<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name:	James M. Watkins		<input checked="" type="checkbox"/> Manager	Name:	Peter Starrett	
<input type="checkbox"/> Member	Address:	15345 Barranca Pkwy		<input type="checkbox"/> Member	Address:	15345 Barranca Pkwy	
<input type="checkbox"/> Authorized		Irvine, CA 92618		<input type="checkbox"/> Authorized		Irvine, CA 92618	
	Person				Person		
<input type="checkbox"/> Other			<input type="checkbox"/> Other	<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				<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

James M. Watkins

Typed or printed name of signer

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DEPT. OF STATE
TALLAHASSEE, FL

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 0440040

Entity Name: SHEPLERS, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

was filed in this office on April 09, 1976, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of February 04, 2022

SCOTT SCHWAB
SECRETARY OF STATE

Certificate ID: 1207408 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.