

M22000007843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

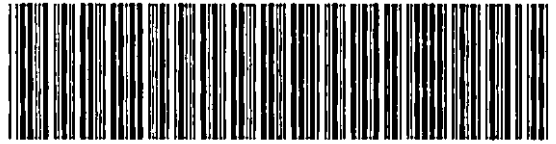
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W22000047843 *0647*

Office Use Only



200384000142

03/22/22--01007--023 **125.00

2022 MAY 18 PM 7:30

S. FRANKLIN
MAY 19 2022

REC
5/18/22

F

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elevation Park Model Company, 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:

Joel Lederman
Name of Person
Elevation Park Model Company, LLC
Firm/Company
756 Patricia Ct
Address
Elkhart, IN 46516
City/State and Zip Code
joel@elevationparkmodels.com
E-mail address: (to be used for future annual report notification)

2022 MAY 18 PM 7:30

For further information concerning this matter, please call:

Joel Lederman 574 501-3300
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. Elevation Park Model Company, 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. Elkhart, IN (Jurisdiction under the law of which foreign limited liability company is organized)
3. 86-3064992 (FEI number, if applicable)

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

5. Elevation Park Model Company (Street Address of Principal Office)
756 Patricia Ct
Elkhart, IN 46516
6. Elevation Park Model Company, LLC (Mailing Address)
756 Patricia Ct
Elkhart, IN 46516

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

Name: Steve Stose
Office Address: 210 Ring Ave Unit 104
Palm Bay FL, Florida 32907
(City) (Zip code)

2022 MAY 18 PM 7:30

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.

(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]:

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

Manager Name: Joel Lederman

Member Address: Elevation Park Model Company

Authorized 756 Patricia Ct Elkhart, IN 46516

Person _____

Other _____ Other _____

Manager Name: Regan Lehman

Member Address: Elevation Park Model Company

Authorized 756 Patricia Ct Elkhart, IN 46516

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

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

Manager Name: Brent Kattau

Member Address: Elevation Park Model Company

Authorized 756 Patricia Ct Elkhart, IN 46516

Person _____

Other _____ Other _____

Manager Name: Angela McKenna

Member Address: Elevation Park Model Company

Authorized 756 Patricia Ct Elkhart, IN 46516

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

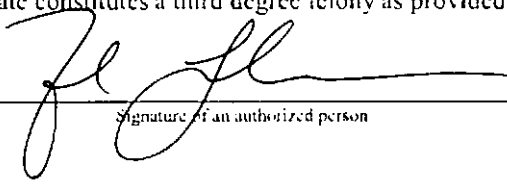
Other _____ Other _____

2022 MAY 18 PM 7:30

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

Joel Lederman

Typed or printed name of signee

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

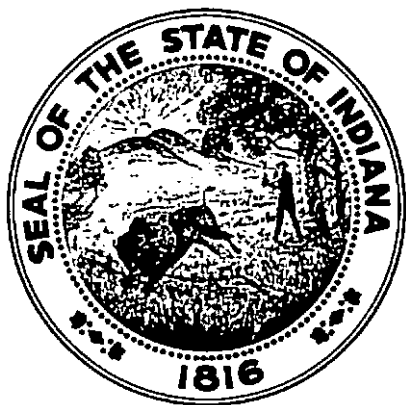
I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

ELEVATION PARK MODEL COMPANY, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on April 01, 2021, and was in existence or authorized to transact business in the State of Indiana on April 19, 2022.

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, April 19, 2022

HOLLI SULLIVAN
SECRETARY OF STATE

2022 MAY 18 PM 1:30

202104011476400 / 20222542723

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

Expires on May 19, 2022.