

12200004176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

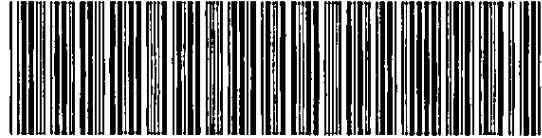
(Business Entity Name)

(Document Number)

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

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2022 SEP - 2 PM 12:18  
T. LEMIEUX  
SEP 13 2022

T. LEMIEUX  
SEP 13 2022

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SCIE & Associates, 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:

Melanie Sikes  
Name of Person

SCIE & ASSOCIATES, LLC  
Firm/Company

2721 Adele Ave  
Address

Springdale, AR 72762  
City/State and Zip Code

Melanie.Sikes@dalecarnegie.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Seth Mohan at ( 479 ) 957-3266  
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 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SCIE & ASSOCIATES, 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. Arkansas  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 88-3579058  
(FEC number, if applicable)

4. 08/30/2022  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2721 Adele Ave  
(Street Address of Principal Office)

6. P O Box 173  
(Mailing Address)

Springdale, AR 72762

Bay Minette, AL 36507

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

Name: David Balmer

Office Address: 204 Kensington Circle

Panama City, Florida 32413  
(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.

David Balmer  
(Registered agent's signature)

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SEP - 2 PM 12:18  
TALLAHASSEE, 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]:

| <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: <u>Seth Mohan</u>        | <input type="checkbox"/> Manager               | Name: <u>Melanie Sikes</u>    |
| <input type="checkbox"/> Member             | Address: <u>2721 Adele Ave</u> | <input type="checkbox"/> Member                | Address: <u>1305 Hall Ave</u> |
| <input type="checkbox"/> Authorized         | <u>Springdale, AR 72742</u>    | <input checked="" type="checkbox"/> Authorized | <u>Bay Minette, AL 36507</u>  |
| Person                                      | _____                          | 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         | _____                          | <input type="checkbox"/> Authorized            | _____                         |
| Person                                      | _____                          | 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         | _____                          | <input type="checkbox"/> Authorized            | _____                         |
| Person                                      | _____                          | 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)

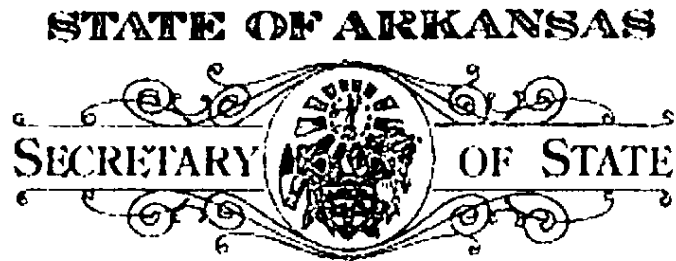
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Melanie Sikes

Signature of an authorized person

Melanie Sikes

Typed or printed name of signer



John Thurston  
ARKANSAS SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

I, John Thurston, Arkansas Secretary of State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

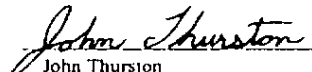
**Certificate of Organization**

of

**SCIE & ASSOCIATES, LLC**

filed in this office  
July 29, 2022

In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 29th day of July 2022.

  
John Thurston  
Secretary of State

Online Certificate Authorization Code: 561411629a8547b2d17  
To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)





# Certificate of Organization for Domestic LLC

## Filing Information

Filing Act: 1041 of 2021  
Entity Name: SCIE & ASSOCIATES, LLC  
File Date: 2022-07-29 14:55:27  
Effective Date: 2022-07-29  
Filing Signature: SETH MOHORN

## Registered Agent

First Name: SETH  
Last Name: MOHORN  
Address 1: 2721 ADELE AVE.  
City: SPRINGDALE  
State: AR  
Zip: 72762  
Country: USA  
Phone: 479-957-3266

## Officers

First Name: SETH  
Last Name: MOHORN  
Title: Incorporator/Organizer  
Address 1: 2721 ADELE AVE.  
City: SPRINGDALE  
State: AR  
Zip: 72762  
Country: USA

First Name: SETH  
Last Name: MOHORN  
Title: Member  
Address 1: 2721 ADELE AVE.  
City: SPRINGDALE  
State: AR  
Zip: 72762  
Country: USA

## Principal

First Name: SETH  
Middle Name:  
Last Name: MOHORN  
Address 1: 2721 ADELE AVE.  
City: SPRINGDALE  
State: AR  
Zip: 72762  
Country: USA  
Phone Number: 479-957-3266