

M22000014224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

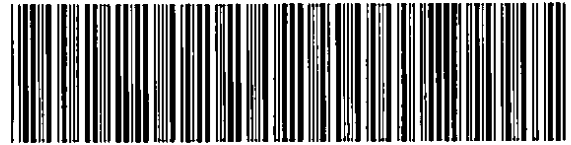
(Business Entity Name)

(Document Number)

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2022 SEP 13 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FL 09100

APPROVED
AND
FILED

SEP 14 2022
Brumblay

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Summit Assembly, 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:

Liz Lewis

Name of Person

Summit Integrated Systems

Firm/Company

697 S Pierce Ave

Address

Louisville, CO 80027

City/State and Zip Code

licensing@summitintegrated.com

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

For further information concerning this matter, please call:

Liz Lewis

303

469-5252

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 Summit Assembly, LLC

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

2 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"

3 Colorado

83-1511122

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

5 (FEI number, if applicable)

We have worked in Florida as Summit Assembly Inc since 3/3/2014. We will resume business in Florida

6 Date first transacted business in Florida, if prior to registration.
(See sections 605.0901 & 605.0902, F.S. to determine periods liability.)

7 697 S Pierce Ave

8 (Street Address of Principal Office)

9 (Mailing Address)

Louisville, CO 80027

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

Name Corporation Service Company

Office Address 1201 Hayes Street

Tallahassee

32301

Florida

(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.

Sonyal Cordell

(Registered agent's signature)

APPROVED
AND
FILED

2022 SEP 13 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

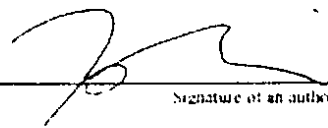
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Tyson Wiens</u>	<input type="checkbox"/> Manager	Name: <u>Nicholas Kofahl</u>
<input checked="" type="checkbox"/> Member	Address: <u>697 S Pierce Ave</u>	<input checked="" type="checkbox"/> Member	Address: <u>697 S Pierce Ave</u>
<input type="checkbox"/> Authorized	<u>Louisville, CO 80027</u>	<input type="checkbox"/> Authorized	<u>Louisville, CO 80027</u>
Person	<u>owner, CVO</u>	Person	<u>owner, CVO</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Christopher Rayburn</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>5229 Hidden Valley Ct</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Mansfield, TX 76063</u>	<input type="checkbox"/> Authorized	_____
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

Tyson Wiens

Typed or printed name of signer

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF DOCUMENT FILED

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, the attached document is a true and complete copy of the

Combined Statement of Conversion

with Document # 20211547283 of
SUMMIT ASSEMBLY, LLC

Colorado Limited Liability Company

(Entity ID # 19991150523)

consisting of 5 pages.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/07/2022 that have been posted, and by documents delivered to this office electronically through 09/09/2022 @ 09:27:42.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 09/09/2022 @ 09:27:42 in accordance with applicable law. This certificate is assigned Confirmation Number 14301592.



A handwritten signature in black ink that reads 'Jena Griswold'.

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearch/ruleria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions"