

M2200 017898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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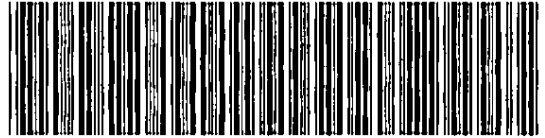
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022-11-07 11:59

S. FRANKLIN

DEC - 4 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKS Engineers 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:

Sherry Smock
Name of Person

SKS Engineers LLC
Firm/Company

2900 N Martin Luther King Jr Dr
Address

Decatur IL 62526
City/State and Zip Code

Sherry.Smock@sksenengineers.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherry Smock at (217) 877-2100
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

2023-11-17 11:55

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. S/KS Engineers 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. IL
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 45-2611340
(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. 2900 N Martin Luther King Jr Dr Same
(Street Address of Principal Office) (Mailing Address)
Decatur IL 62526

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.

Daiaundrea N. Garvin Assistant Secretary
(Registered agent's signature)

6-21-11 11:59

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]:

Same address for all members/managers

<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:	Adrienne Lynch	<input type="checkbox"/> Manager	Name:	Stephen Jacobs
<input type="checkbox"/> Member	Address:	2900 N Martin	<input type="checkbox"/> Member	Address:	2900 N Martin
<input type="checkbox"/> Authorized Person		Luther King Jr Dr	<input type="checkbox"/> Authorized Person		Luther King Jr Dr
		Decatur, IL 62526			Decatur, IL 62526
<input type="checkbox"/> Other			<input type="checkbox"/> Other		
<input checked="" type="checkbox"/> Manager	Name:	Chris Shaffer	<input type="checkbox"/> Manager	Name:	Patrick Hahn
<input type="checkbox"/> Member	Address:	2900 N Martin	<input type="checkbox"/> Member	Address:	2900 N Martin
<input type="checkbox"/> Authorized Person		Luther King Jr Dr	<input type="checkbox"/> Authorized Person		Luther King Jr Dr
		Decatur, FL 62526			Decatur, FL 62526
<input type="checkbox"/> Other			<input type="checkbox"/> Other		
<input checked="" type="checkbox"/> Manager	Name:	Matt Schwenk	<input type="checkbox"/> Manager	Name:	Jon Scherer
<input type="checkbox"/> Member	Address:	2900 N Martin	<input type="checkbox"/> Member	Address:	2900 N Martin
<input type="checkbox"/> Authorized Person		Luther King Jr Dr	<input type="checkbox"/> Authorized Person		Luther King Jr Dr
		Decatur, FL 62526			Decatur, GA 62526
<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.

Adrienne K. Lynch

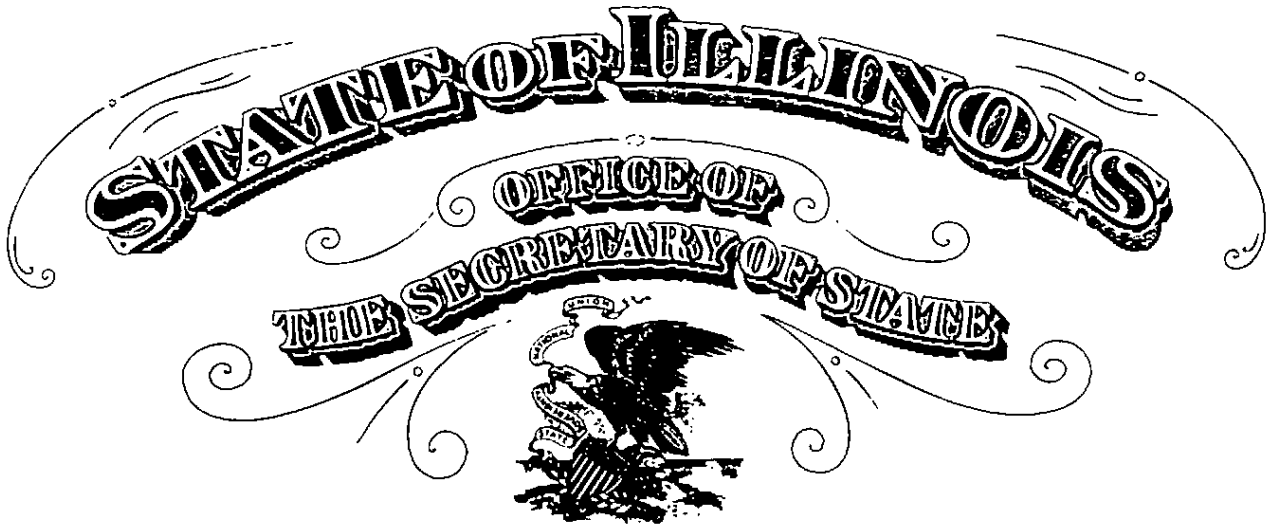
Signature of an authorized person

Adrienne K. Lynch

Typed or printed name of signee

File Number

0357120-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SKS ENGINEERS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 16, 2011, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

6-11-22



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 5TH
day of AUGUST A.D. 2022 .

Jesse White

SECRETARY OF STATE