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COVER LETTER

	Sullivan Industrial LLC					
SUBJEC	of Limited Liability Company	-				
		ompany for Authorization to Transact Business in Florida, ferenced foreign limited liability company to transact busi				
Please re	turn all correspondence concerning this matter to	the following:				
	Kimberly Karp		<u>~</u>			
		Name of Person				
	Sullivan Brothers Family of Companies		127 00 15			
	Firm/Company					
	P.O. Box 17017					
	Address					
	Galveston, TX 77552					
	City/State and Zip Code					
	legaldept@sullbros.com					
	E-mail address: (to be u	sed for future annual report notification)	•			
For furth	er information concerning this matter, please call:					
	Kimberly Karp	409 261-3128 at ()				
,	Name of Contact Person	Area Code Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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 DEPA [] \$125,00 Filing Fee	& 🔲 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee.				

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 605.0202, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Sullivan Industrial LLC	Calculus Company; must include "Limited Liability Company; must include "Limite	d Lability Cor	nnam: ""I C "or "I C"	
(.vane or coreign	Enfined Endomy Company, inter-mental Enfine	a maoniny con	ipany, trac, or the	
f name unavailable, enter alternate	name adopted for the purpose of transacting business in F	londa. The altern	ate name must include "Limited Liability (Company," "L. L. C," or "L.L.C
Texas		27-	-0893352	
(Jurisdiction under the law of which foreign limited liability company is organized)		J	(FEI number, 1f ap	applicable)
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration) ine penalty liabili	(À)	23
6702 Broadway St.		P.O	. Box 17017	0.222.0
Street Address of Principal Office)		0	(Mailing Address)	
Galveston, TX 77554		Gal	veston, TX 77552	<u>ு</u>
			· -	-13
				
. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	NOT acce	ptable)	
Name:	InCorp Services, Inc.		<u> </u>	
Office Address:	17888 67th Court North	·	_	
	Loxahatchee		33470 , Florida	
	(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.

Janice Null on behalf of InCorp Services, Inc.

(Revistered 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]:

Fitle or Capacity:	Name and Address:	Title or Capacit	<u>v:</u>	Name and Address
■ Manager	Name: Todd P. Sullivan	□Manager	Name:	
■Member	Address: P.O. Box 17017	□Member	Address:	
I Authorized	Galveston, TX 77552	□Authorized		
Person		Person		
]Other	[]Other	□Other		□Other
■Manager	John R. Sullivan Name:	□Manager	Name:	
≅ Member	Address: P.O. Box 17017	□Member	Address:	7 (3 (3)
]Authorized	Galveston, TX 77552	□Authorized		<u> </u>
Person		Person		55
[]Other	Other	□Other		□Other □
■Manager	Name: William W. Sullivan	∐Manager	Name:	<u> </u>
■Member	Address: P.O. Box 17017		Address:	
Authorized	Galveston, TX 77552	□Authorized		
Person		Person		
Other	□Other	□Other		□Other

- 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 aythird degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

John R. Sullivan - Manager

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for SULLIVAN INDUSTRIAL LLC (file number 801167232), a Domestic Limited Liability Company (LLC), was filed in this office on September 08, 2009.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my-name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 13, 2022.

John B. Scott Secretary of State



Phone: (512) 463-5555

Prepared by: SOS-WEB

Dial: 7-1-1 for Relay Services Document: 1196142460007