

M22000018652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

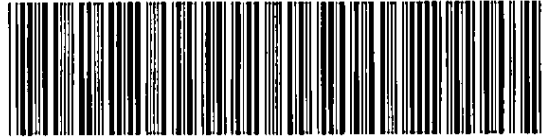
(Business Entity Name)

(Document Number)

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

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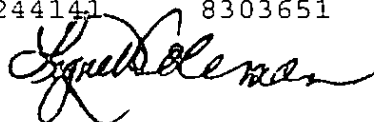
DEC 14 2022  
K. Brumby

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 244141 8303651

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : December 13, 2022

ORDER TIME : 9:16 AM

ORDER NO. : 244141-010

CUSTOMER NO: 8303651

FOREIGN FILINGS

NAME: DAN BROWN AND ASSOCIATES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Elylena Baker -- EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Dan Brown and 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:

Ben Butterfield

Name of Person

Universal Engineering Sciences, LLC

Firm/Company

4205 Vineland Road, Suite L1

Address

Orlando, Florida 32811

City/State and Zip Code

bbutterfield@teamues.com

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

For further information concerning this matter, please call:

Ben Butterfield

407

472-7978

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. Dan Brown and Associates, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Tennessee 3. 80-0617456  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. November 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. 6424 Baum Drive 6. (Same as Principal Office)  
(Street Address of Principal Office) (Mailing Address)

Knoxville, Tennessee 37919

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301  
(City) , 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.*

Corporation Service Company

By: \_\_\_\_\_

(Registered agent's signature)

  
Assistant Vice President

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: Timothy C. Siegel

☐ Member Address: 6424 Baum Drive

☐ Authorized Knoxville, TN 37919

Person \_\_\_\_\_

☒ Other CEO ☐ Other \_\_\_\_\_

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

☐ Manager Name: W. Robert Thompson III

☐ Member Address: 6424 Baum Drive

☐ Authorized Knoxville, TN 37919

Person \_\_\_\_\_

☒ Other CFO ☐ Other \_\_\_\_\_

☐ Manager Name: Paul Axtell

☐ Member Address: 6424 Baum Drive

☐ Authorized Knoxville, TN 37919

Person \_\_\_\_\_

☒ Other COO ☐ Other \_\_\_\_\_

☐ Manager Name: Justin Baxter

☐ Member Address: 6424 Baum Drive

☐ Authorized Knoxville, TN 37919

Person \_\_\_\_\_

☒ Other VP ☐ Other \_\_\_\_\_

☐ Manager Name: Benjamin Butterfield

☐ Member Address: 4205 Vineland Road, Suite L 1

☐ Authorized Orlando, FL 32811

Person \_\_\_\_\_

☒ Other Secretary ☐ Other \_\_\_\_\_

☐ Manager Name: Michael Dear

☐ Member Address: 4205 Vineland Road, Suite L 1

☐ Authorized Orlando, FL 32811

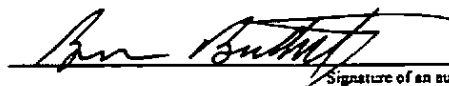
Person \_\_\_\_\_

☒ Other Treasury ☐ 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

Ben Butterfield

\_\_\_\_\_  
Typed or printed name of signer



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**

State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**BROCK SHIPE KLENK PLC**  
265 BROOKVIEW CENTRE WAY, SUITE 604  
KNOXVILLE, TN 37919

December 1, 2022

**Request Type: Certificate of Existence/Authorization**  
Request #: 0505671

Issuance Date: 12/01/2022  
Copies Requested: 1

**Document Receipt**

Receipt #: 007623587 Filing Fee: \$20.00  
Payment-Credit Card - State Payment Center - CC #: 3840906056 \$20.00

**Regarding:** Dan Brown and Associates, LLC  
**Filing Type:** Limited Liability Company - Domestic  
**Formation/Qualification Date:** 06/21/2010  
**Status:** Active  
**Duration Term:** Perpetual  
**Business County:** KNOX COUNTY

**Control #:** 633902  
**Date Formed:** 06/21/2010  
**Formation Locale:** TENNESSEE  
**Inactive Date:**

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**Dan Brown and Associates, LLC**

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

  
Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 057530214