

M2300000 0318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

W22-194570  
06213

Office Use Only



900398124009

12/05/22--01024--021 \*\*160.00

2023 JAN - 9 PM 7:27

S. FRANKLIN

JAN - 9 2023

**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:*

Great Western Sales & Distribution LLC

1. \_\_\_\_\_  
(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.")  
State of Arizona 90-0156286

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

January 1, 2023

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

10298 E. Raintree Drive

3757 Parkway Blvd

5. \_\_\_\_\_  
(Street Address of Principal Office)

Scottsdale, AZ 85255

6. \_\_\_\_\_  
(Mailing Address)

Land O Lakes, FL 34639

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

Stacey Piluri

Name: \_\_\_\_\_

3757 Parkway Blvd

Office Address: \_\_\_\_\_

Land O Lakes

34639

\_\_\_\_\_, 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.*



(Registered 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]:

Title or Capacity:                      Name and Address:  
  
☐ Manager                      Name: Deborah Piluri  
  
☐ Member                      Address: 10298 E Raintree Dr.  
  
☐ Authorized                      Scottsdale, AZ 85255  
  
Person \_\_\_\_\_  
Owner \_\_\_\_\_  
☒ Other MGRM                      ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:  
  
☐ Manager                      Name: Stacey Piluri  
  
☐ Member                      Address: 3757 Parkway Blvd  
  
☐ Authorized                      Land O Lakes, FL 34639  
  
Person \_\_\_\_\_  
President \_\_\_\_\_  
☒ Other MGR                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_  
  
☐ Member                      Address: \_\_\_\_\_  
  
☐ Authorized                      \_\_\_\_\_  
  
Person \_\_\_\_\_  
  
☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_  
  
☐ Member                      Address: \_\_\_\_\_  
  
☐ Authorized                      \_\_\_\_\_  
  
Person \_\_\_\_\_  
  
☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_  
  
☐ Member                      Address: \_\_\_\_\_  
  
☐ Authorized                      \_\_\_\_\_  
  
Person \_\_\_\_\_  
  
☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_  
  
☐ Member                      Address: \_\_\_\_\_  
  
☐ Authorized                      \_\_\_\_\_  
  
Person \_\_\_\_\_  
  
☐ Other \_\_\_\_\_                      ☐ 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

Stacey Piluri

Typed or printed name of signee

# STATE OF ARIZONA



## Office of the CORPORATION COMMISSION

### CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

#### **GREAT WESTERN SALES & DISTRIBUTION LLC**

ACC file number: L10602928

was incorporated under the laws of the State of Arizona on 01/13/2003, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 11/10/2022



A handwritten signature in black ink, reading "Matthew Neubert".

**Matthew Neubert, Executive Director**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 15, 2022

DEBORAH PILURI  
10298 E RAINTREE DR  
SCOTTSDALE, AZ 85255 US

SUBJECT: GREAT WESTERN SALES & DISTRIBUTION LLC  
Ref. Number: W22000154570

We have received your document for GREAT WESTERN SALES & DISTRIBUTION LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin  
Regulatory Specialist II

Letter Number: 222A00027940

RECEIVED  
JAN 0 1 2023