M23000007143

(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:
W23000061677

Office Use Only



400406290794

2023 JUN -2 PH I2: 02



April 28, 2023

AMBER WEHLE 617 HELEN CT. CROWN POINT, IN 46307 US

SUBJECT: LAMAS LLC Ref. Number: W23000061677

We have received your document for LAMAS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Andrea Andrews Regulatory Specialist II

Letter Number: 123A00009526

RECEIVED

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	LAMAS LLC ECT:	
		ame of Limited Liability Company
		Name of Limited Liability Company olication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ek are submitted to register the above referenced foreign limited liability company to transact business in Florida. orrespondence concerning this matter to the following: Amber Wehle Name of Person LAMAS LLC Firm/Company 617 Helen Ct. Address Crown Point, IN 46307 City/State and Zip Code aywithlamas@gmail.com E-mail address: (to be used for future annual report notification) ation concerning this matter, please call: Vehle Name of Contact Person Address: Street Address: tion Section Registration Section Registration Section Registration Section not Corporations x 6327 The Centre of Tallahassee see, FL 32314 Nonroe Street, Suite 810
Please	return all correspondence concerning this matte	er to the following:
	Amber Wehle	
		Name of Person
SUBJECT: The enclosed Existence, and Please return For further in Amarka, Mair Regular P.C.	LAMAS LLC	
		Firm/Company
	617 Helen Ct.	
		Address
	Crown Point, 1N 46307	
		City/State and Zip Code
	staywithlamas@gmail.com	
	E-mail address: (to	be used for future annual report notification)
For fu	rther information concerning this matter, please	call:
	Amber Wehle	
	Name of Contact Person	
	Mailing Address: Registration Section	· · · · · · · · · · · · · · · · · · ·
Division of Corporations P.O. Box 6327		-
		•
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount Please make check payable to: FLORIDA D S125.00 Filing Fee S130.00 Filing Certificat	EPARTMENT OF STATE

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:

Indiana		92-2735248		
		3		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FE) number	if applicable)	
4/1/2023				
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine	gistration.) c penalty liability)		
LAMAS LLC		LAMAS LLC		
reet Address of Principal Office)		6. (Mailing Address)		
617 Helen Ct.		617 Helen Ct.		
Crown Point IN 46307		Crown Point IN 46307		_
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2023 JU St. Th	u.
Name:	Law Office of Brian D. Hess		74 - 2 2 - 2	1
Office Address:	9108 Front Beach Road		PH 12:	Ġ.
	Panama City Beach	32407 , Florida	02	
	(City)	(Zip code)		

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: Title or Capacity: Name and Address: Marissa Abbott Name: Amber Wehle □ Manager Manager Address: 12908 Baker Ct Address: 617 Helen Ct ■ Member ■ Member Crown Point IN 46307 Crown Point IN 46307 ☐ Authorized ☐ Authorized Person Person □Other____ □Other Other_____ Other Name: Luke Abbott Name: Shaun Wehle □Manager □Manager Address: 617 Helen Ct Address: 12908 Baker Ct **■**Member ■ Member Crown Point IN 46307 Crown Point IN 46307 ☐ Authorized ☐ Authorized Person Person □Other □ Other □Other____ □Other____ Name: Ashley Michalski □ Manager □ Manager Name: ____ Address: 4979 W 89th Terrace ☐ Member Address: **■**Member Crown Point IN 46307 ☐ Authorized □ Authorized Person Person □Other_____ □Other □Other____ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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

Lyped or printed name of signee

Amber Wehle

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

LAMAS LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on March 06, 2023, and was in existence or authorized to transact business in the State of Indiana on May 30, 2023.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, May 30, 2023

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

202303061670204 / 20233202937

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on June 29, 2023.