

M23000012282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

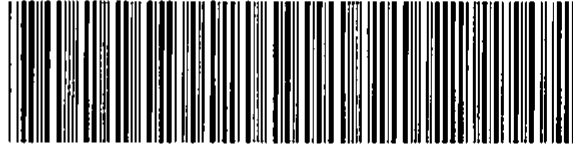
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

2023 SEP 25 PM 6:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 25 2023
K. Brumley

CT CORP
(850)656-4724
3458 Lakeshore Drive,
Tallahassee, FL 32312

Date: 09/25/2023

Acc#120160000072

en: c DW

| | |
|-------------|------------------------------|
| Name: | Western States Trucking, LLC |
| Document #: | |
| Order #: | 15137730 |

| | | | |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | | |
| Plain Copy: | <input type="checkbox"/> | | |
| Certificate of Good Standing: | <input type="checkbox"/> | | |
| Certified Copy of | <input type="checkbox"/> | | |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: | |
| | | Number of Certs: | |

| | |
|---|--|
| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> |
| | Plain: <input type="checkbox"/> |
| | COGS: <input type="checkbox"/> |

Email Address for Annual Report Notifications:

kwatson@wjpllc.com

| |
|---------------------|
| Availability _____ |
| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

Amount: \$ **155.00**

Thank you!

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. Western States Trucking, 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. Indiana
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(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. 2829 Lakeland Drive
(Street Address of Principal Office)

6. Post Office Box 1639
(Mailing Address)

Suite 2000

Jackson, MS 39215-1639

Flowood, MS 39232

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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, 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.

C T Corporation System
By: Stephanie Hencz Stephanie Hencz - Assistant Secretary
(Registered agent's signature)

APPROVED
AND
FILED
2023 SEP 25 PM 6:36
CLERK OF THE COURT
JACKSON, MISSISSIPPI

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: Ergon Asphalt & Emulsions, Inc.

☐ Member Address: 2829 Lakeland Drive

☐ Authorized Suite 2000

Person Flowood, MS 39232

☐ Other _____ ☐ Other _____

☐ Manager Name: Alan Wall

☐ Member Address: 2829 Lakeland Drive

☒ Authorized Suite 2000

Person Flowood, MS 39232

☐ Other _____ ☐ Other _____

☐ Manager Name: Patrick Nation

☐ Member Address: 2829 Lakeland Drive

☒ Authorized Suite 2000

Person Flowood, MS 39232

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: J. Baxter Burns, II

☐ Member Address: 2829 Lakeland Drive

☒ Authorized Suite 2000

Person Flowood, MS 39232

☐ Other _____ ☐ Other _____

☐ Manager Name: Drew Brooks

☐ Member Address: 2829 Lakeland Drive

☒ Authorized Suite 2000

Person Flowood, MS 39232

☐ Other _____ ☐ Other _____

☐ Manager Name: Steve Adams

☐ Member Address: 2829 Lakeland Drive

☒ Authorized Suite 2000

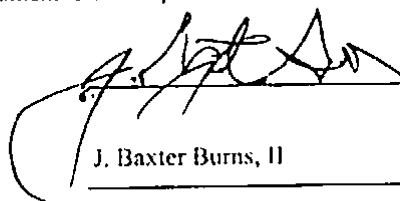
Person Flowood, MS 39232

☐ 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

J. Baxter Burns, II

Typed or printed name of signer

Additional Authorized Persons:

**Kathryn W. Stone
2829 Lakeland Drive
Suite 2000
Flowood, MS 39232**

**Lance Mazerov
2829 Lakeland Drive
Suite 2000
Flowood, MS 39232**

**Kenneth E. Hodges
2829 Lakeland Drive
Suite 2000
Flowood, MS 39232**

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

WESTERN STATES TRUCKING, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on September 04, 2015, and was in existence or authorized to transact business in the State of Indiana on September 22, 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, September 22, 2023

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

2015090800041 / 20233383197

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

Expires on October 22, 2023.