

M24000005281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

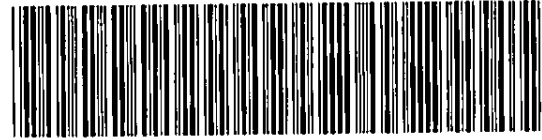
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

W24000064177

Office Use Only



900428121739

2024 APR 22 PM 11:05

RECEIVED
APR 22 PM 11:05
FALLA HASSAN, LONDON

APR 25 2024

K. Brumbley

MS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2024

COGENCY GLOBAL

SUBJECT: SLAB MASTERS U.S., LLC
Ref. Number: W24000064177

*Please
Keep
original
file date*

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

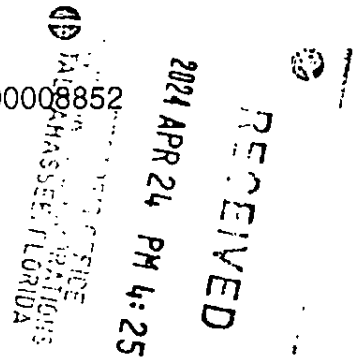
This file is duplicated and seems they both have documents that don't match the certificate.,

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: 524A00008852





115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Date: 04/22/2024

Name: Xavian Brown

Reference #: 2334991

Entity Name: SLAB MASTERS U.S. LLC

Account#: 120000000088
For any issues please contact
Xavian Brown
518-213-0739

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other _____

Authorized Amount: \$125.00

Signature: Xpm

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Slab Masters, U.S. 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:

Beth Hoffarth
Name of Person

Slab Masters U.S. LLC
Firm/Company

8251 Bunkum Rd
Address

Caseyville, IL 62232
City/State and Zip Code

bhoffarth@helitechonline.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brent Kerns at (618) 410-3443
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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. Slab Masters U.S. 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. Illinois 3. 37-1303237
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. April 29, 2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8251 Bunkum Rd 6. same
(Street Address of Principal Office) (Mailing Address)

Caseyville, IL 62232

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

Name: Cogency Global Inc.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301
(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.

Lisa Workman

(Registered agent's signature)

2024 APR 22 AM 11:05

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: Brett Campbell

☐ Member Address: 8251 Bunkum Rd

☐ Authorized Caseyville, IL 62232

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Brent Kerns

☐ Member Address: 8251 Bunkum Rd

☐ Authorized Caseyville, IL 62232

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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

☒ Manager Name: Beth Hoffarth

☐ Member Address: 8251 Bunkum Rd

☐ Authorized Caseyville, IL 62232

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Brian Spurgeon

☐ Member Address: 8251 Bunkum Rd

☒ Authorized Caseyville, IL 62232

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

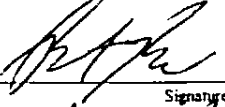
Person _____

☐ 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.



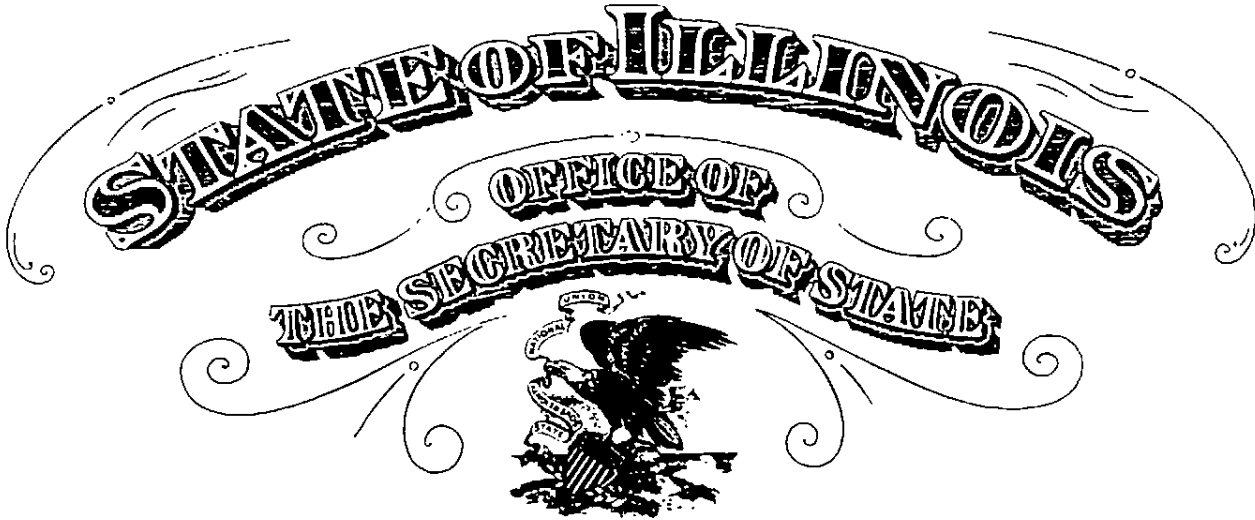
Signature of an authorized person

Brent Kerns

Typed or printed name of signer

File Number

1419171-2



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SLAB MASTERS U.S., LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 26, 2024, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 27TH day of FEBRUARY A.D. 2024 .