# M24000008468

(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:
a posici moneculo le ci ming e mesi:

Office Use Only



500431208855

1024 JUL -2 AM 10:

2 83 33

JUL 0 2 2024 K. Brumbley



#### Sunshine State Corporate Compliance Company

#### 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 07/02/2024	_		₩WALK IN*
ENTITY NAME Egis E	BLN Consulting USA, L	LC	
DOCUMENT NUMBER			
		HE ATTACHED AND RETURN**	
xxxxxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts Certificate of Good Sta		
	**APOSTILLE' / N	NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINA	ATION		
NUMBER OF CERTIFIC	PATES REQUESTED		
TOTAL OWED \$125		ACCOUNT #: 1201600000	)72
Please call Tina at	the above number for	any issues or concerns. Thank you	so much!

### 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:

name unavariable, enter alternate	name adopted for the purpose of transacting business in Flori-	ia. The alternate name must include "Limited Liability Co	impuny, L.L.C. or Li.C.
Indiana		82-2797143 3.	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number, if app	licable)
July 1, 2024			
	(Date first transacted business in Florida, if prior to reg (See sections 605,0904 & 605,0905, F.S. to determine	istration ( penalty liability)	
8320 Craig Street		8320 Craig Street	
reet Address of Principal Office)		6. (Mailing Address)	<del></del>
Indianapolis, IN, 46250		Indianapolis, IN, 46250	
	·· <del>·</del>		2625
		<u> </u>	
Name and street address	ss of Florida registered agent: (P.O. Box 2	<u>(OT</u> acceptable)	2
			<u> </u>
N	Corporation Service Company		<u>ب</u>
Name:		<del></del>	•3 —-
Office Address:	1201 Hays Street		
	Tallahassee	32301 , Florida	
		(Zin code)	

(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

litle or Capacity:	Name and Address:	Title or Capacity:	Name and Address
□Manager	Name: Thomas C. Longest	□Manager	Name: Mark Opelka
∃Member	Address: 8320 Craig Street	□Member	Address:
■Authorized	Indianapolis, IN, 46250	<b>■</b> Authorized	Indianapolis, IN, 46250
Person		Person	
Other	□ Other	□Other	Other
]Manager	Name:	□Manager	Name:
☐Member	Address: 8320 Craig Street	□Member	Address: 8320 Craig Street
Authorized	Indianapolis, IN, 46250	<b>■</b> Authorized	Indianapolis, IN, 46250
Person		Person	
Other	Other	□Other	□Other
]Manager	Name:	⊟Manager	Name:
Member	Address: 8320 Craig Street	□Member	Address: 8320 Craig Street
Authorized	Indianapolis, IN, 46250	<b>■</b> Authorized	Indianapolis, IN, 46250
Person		Person	
Other	Other	Other	□Other

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.

Ronald Elle	<b>1</b> .	
	Signature of an authorized person	
Ronald Ellis		
	Type, or printed name of signee	

## State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

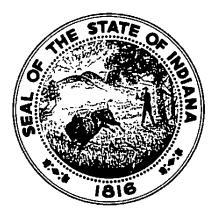
I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

#### EGIS BLN CONSULTING USA, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on September 01, 2017, and was in existence or authorized to transact business in the State of Indiana on July 01, 2024.

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, July 01, 2024

Piego Morales

DIEGO MORALES
SECRETARY OF STATE

201709011212349 / 20243845506

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

Expires on July 31, 2024.