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Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number : (614)573-3996

***Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

Foreign Limited Liability Company

Culy Contracting, LLC

Certificate of Status	0
Certified Copy	1
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2024 JUL 24 AM 10:54

DIVISION OF CORPORATIONS

2024 JUL 24 PM 3:04

APPROVED
AND
FILED

NS

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. Culy Contracting LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLP")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP.")

2. Indiana 3. 84-4834795
(Jurisdiction under the law of which foreign limited liability company is organized) (LLC number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.09013, 605.0905, F.S., to determine penalty liability.)

5. 5 Industrial Park Drive 6. PO Box 29
(Street Address of Principal Office) (Mailing Address)
Winchester IN 47394 Winchester IN 47394

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 33324
(City) (Zip code)
, Florida

APPROVED
AND
FILED
2024 JUL 24 PM 3:04
CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
IN AND FOR FLORIDA

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.

By: Stephanie Hencz C.T. Corporation System
Stephanie Hencz, Assistant Secretary
(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: Bruce Culy

☐ Member Address: 5 Industrial Park Drive

☒ Authorized PO Box 29

Person Winchester IN 47394

☐ Other _____ ☐ Other _____

☒ Manager Name: Daniel P. Schoenskase

☐ Member Address: 580 Goddard Ave.

☐ Authorized Chesterfield, MO 63005

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Lee Zubrod

☐ Member Address: 4030 W. Boy Scout Blvd.

☒ Authorized Tampa FL 33607

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: Burt M. Kenting

☐ Member Address: 4030 W. Boy Scout Blvd.

☐ Authorized Tampa FL 33607

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Ali Sheikh

☐ Member Address: 4030 W. Boy Scout Blvd.

☐ Authorized Tampa FL 33607

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

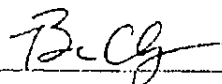
Person _____

☐ 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

Bruce Culy

Typed or printed name of signer

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting

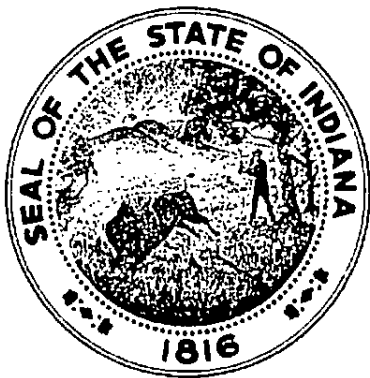
I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

CULY CONTRACTING LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on February 22, 2020, and was in existence or authorized to transact business in the State of Indiana on July 22, 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 22, 2024.

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

202002221375877 / 20243876765

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

Expires on August 21, 2024.