

M24 000015025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

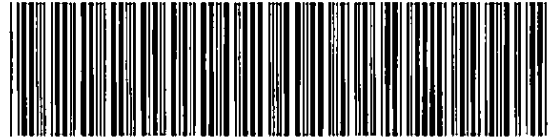
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700440236317

FILED

2024 DEC -2 PM 3:01

CLERK OF DISTRICT COURT

2024 DEC -2 AM 11:24

FILED

CLERK OF DISTRICT COURT



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Ben Bolen
Ext:
Date: 11/27/24
Order #: 1701859-1
Re: Strata Equipment Solutions, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority
Amount to be deducted from our State Account: \$125 - FL State Account Number:
I20000000195
Certificate of Good Standing from State of Incorporation

A handwritten signature in black ink, appearing to read "Ben Bolen", is written over the text of the enclosed items.

Please take the following action:
File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STRATA EQUIPMENT SOLUTIONS, 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:

April Thomas

Name of Person

NACCO Natural Resources Corporation

Firm/Company

5340 Legacy Drive, Suite 300

Address

Plano, TX 75024

City/State and Zip Code

april.thomas@nacco.com; belinda.coleman@nacco.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

April Thomas

972

448-5487

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. STRATA EQUIPMENT SOLUTIONS, 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. Nevada 3. 99-2704399
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 5340 Legacy Drive, Suite 300 6. 5340 Legacy Drive, Suite 300
(Street Address of Principal Office) (Mailing Address)
Plano, TX 75024 Plano, TX 75024

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301
(City) Florida (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

Corporation Service Company

By:

(Registered agent's signature)

FILED
2024 DEC -2 PM 3:01
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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: Philip Berry

☐ Member Address: 5340 Legacy Dr.

☐ Authorized Suite 300

Plano, TX 75024

Person

☐ Other _____ ☐ Other _____

☒ Manager Name: John D. Neumann

☐ Member Address: 5340 Legacy Dr.

☐ Authorized Suite 300

Plano, TX 75024

Person

☐ Other _____ ☐ Other _____

☒ Manager Name: J. Patrick Sullivan, Jr.

☐ Member Address: 5340 Legacy Dr.

☐ Authorized Suite 300

Plano, TX 75024

Person

☐ Other _____ ☐ Other _____

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

☒ Manager Name: J.C. Butler, Jr.

☐ Member Address: 5340 Legacy Dr.

☐ Authorized Suite 300

Plano, TX 75024

Person

☐ Other _____ ☐ Other _____

☒ Manager Name: Carroll L. Dewing

☐ Member Address: 5340 Legacy Dr.

☐ Authorized Suite 300

Plano, TX 75024

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

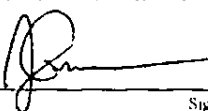
Person

☐ 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

John Neumann

Typed or printed name of signer

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **Strata Equipment Solutions, LLC** as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 04/11/2024, and in good standing in this State.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of this State, at my office on 11/26/2024.

A handwritten signature in black ink that reads "FV Aguilar".

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202411265219256

You may verify this certificate

online at <https://www.nvsilverflume.gov/home>