

Division of Corporations

M 25000000329

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000007297 3))



H250000072973ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LEGALZOOM.COM INC.
Account Number : T20010000062
Phone : (323)962-8600
Fax Number : (323)389-0502

2025 JAN -7 PM 4:03
FILED
SECRETARY OF FINANCE
TALLAHASSEE, FLORIDA

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
SVT STRIPING EQUIPMENT SERVICE & REPAIR LLC

RECEIVED
2025 JAN -7 PM 2:35
FLORIDA STATE
DEPARTMENT OF CORPORATIONS
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JAN 8 2025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SVT STRIPING EQUIPMENT SERVICE & REPAIR 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:

Mike Town
Name of Person
Legalzoom.com, Inc.
Firm/Company
9900 Spectrum Dr
Address
Austin, TX 78717
City/State and Zip Code
vantasselsguns@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Town at (800) 773-0888
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

- checkbox \$125.00 Filing Fee
checkbox \$130.00 Filing Fee & Certificate of Status
checkbox \$155.00 Filing Fee & Certified Copy
checkbox \$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. SVT STRIPING EQUIPMENT SERVICE & REPAIR 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. New York (Jurisdiction under the law of which foreign limited liability company is organized)
3. 92-2245527 (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. 28567 County Route 32 (Street Address of Principal Office)
6. 28567 County Route 32 (Mailing Address)
Evans Mills, New York 13637 Evans Mills, New York 13637

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

Name: UNITED STATES CORPORATION AGENTS, INC.
Office Address: 476 Riverside Ave.
Jacksonville, Florida 32202
(City) (Zip code)

FILED
2025 JAN -7 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, 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.

Erik Treutlein
ERIK TREUTLEIN, ASSISTANT SECRETARY, UNITED STATES CORPORATION AGENTS, INC.
(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: Seamus Van Tassel

Member Address: 2064 Larchmont Drive

Authorized Deland, Florida 32724

Person _____

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

2025 JAN - 7 PM 11:03
 FILED
 STATE OF FLORIDA
 TALLAHASSEE

Manager Name: _____

Member Address: _____

Authorized _____

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.

/S/Seamus Van Tassel

Signature of an authorized person

Seamus Van Tassel

Typed or printed name of signee

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: SVT STRIPING EQUIPMENT SERVICE & REPAIR LLC
 DOS ID Number: 6727391
 Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
 Entity Status: EXISTING
 Date of Initial Filing with DOS: 02/09/2023

Statement Status: CURRENT
 Statement Due Date: 02/28/2025

FILED
 2025 JAN -7 PM 4:03
 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on January 07, 2025 at 11:16 A.M.

WALTER T. MOSLEY
Secretary of State

Brendan C. Hughes

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100007242467 To Verify the authenticity of this document you may access the
 Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>