

M 2500000 1456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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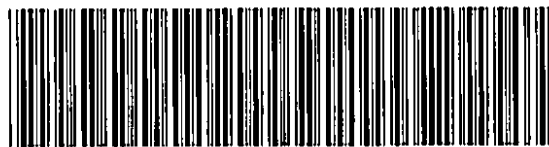
(Business Entity Name)

(Document Number)

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**CT CORP**  
**(850) 656-4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 01/30/2025

Acc#120160000072

*en: c SW*

Name:	FSC HIGHLANDER LLC
Document #:	
Order #:	16117600

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
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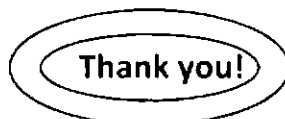
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Ref# _____

Amount: \$ **155.00**



COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FSC Highlander 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:

Liz Valente

Name of Person

Federal Signal Corporation

Firm/Company

1333 Butterfield Road, Suite 500

Address

Downers Grove, IL 60515

City/State and Zip Code

evalente@federalsignal.com

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

For further information concerning this matter, please call:

Liz Valente

630

954-2048

at ( )

Name of Contact Person

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. FSC Highlander 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. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 99-4295019  
(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. 3920 SE Commerce Avenue  
(Street Address of Principal Office)

6. 3920 SE Commerce Avenue  
(Mailing Address)

Stuart, FL 34997 Stuart, FL 34997

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, Florida 33324  
(City) (Zip code)

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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.

C T Corporation System  
By: Stephane Honey  
(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Mark D. Weber</u>	<input type="checkbox"/> Manager	Name: <u>Diane I. Bonina</u>
<input type="checkbox"/> Member	Address: <u>1333 Butterfield Road</u>	<input type="checkbox"/> Member	Address: <u>1333 Butterfield Road</u>
<input type="checkbox"/> Authorized	Suite 500	<input type="checkbox"/> Authorized	Suite 500
Person	<u>Downers Grove, IL 60515</u>	Person	<u>Downers Grove, IL 60515</u>
<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>VP and Secretary</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Christopher Lau</u>	<input type="checkbox"/> Manager	Name: <u>Ian A. Hudson</u>
<input type="checkbox"/> Member	Address: <u>1333 Butterfield Road</u>	<input type="checkbox"/> Member	Address: <u>1333 Butterfield Road</u>
<input type="checkbox"/> Authorized	Suite 500	<input type="checkbox"/> Authorized	Suite 500
Person	<u>Downers Grove, IL 60515</u>	Person	<u>Downers Grove, IL 60515</u>
<input checked="" type="checkbox"/> Other <u>VP- Taxes</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>VP and Asst Sec.</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Ivo Boev</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1333 Butterfield Road</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite 500	<input type="checkbox"/> Authorized	_____
Person	<u>Downers Grove, IL 60515</u>	Person	_____
<input checked="" type="checkbox"/> Other <u>Treasurer</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Diane I. Bonina, Vice President and Secretary

\_\_\_\_\_  
Typed or printed name of signee

# Delaware

The First State

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I, CHARUNI P. SANCHEZ, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "FSC HIGHLANDER LLC" IS DULY FORMED  
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND  
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS  
OF THE TWENTY-NINTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN  
ASSESSED TO DATE.



C. P. Sanchez

Charuni P. Sanchez, Secretary of State

Authentication: 202810932

Date: 01-29-25

4527241 8300

SR# 20250305724

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)