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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

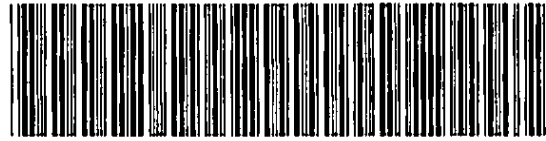
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

45



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2017

VASILEIOS ARGYROPOULOS
120 E MARKET ST STE 340
INDIANAPOLIS, IN 46204

SUBJECT: BILL'S EXHAUSTS LLC
Ref. Number: W17000063048

We have received your document for BILL'S EXHAUSTS LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 017A00015587

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Foreign Qualification for BILL'S EXHAUSTS LLC
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

VASILEIOS ARGYROPOULOS

Name of Person

BILL'S EXHAUSTS LLC

Firm/Company

120 EAST MARKET STREET STE 340

Address

INDIANAPOLIS IN 46204

City/State and Zip code

billsexhausts@gmail.com

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

For further information concerning this matter, please call:

VASILEIOS

317

690-8425

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

\$70.00 Filing Fee

\$78.75 Filing Fee &
Certificate of Status

\$78.75 Filing Fee &
Certified Copy

\$87.50 Filing Fee,
Certificate of Status &
Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

BILL'S EXHAUSTS LLC

1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. INDIANA 3. 80-0442292 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7/14/2009 5. (Date of incorporation) (Date of duration, if other than perpetual)

6. N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 120 E. MARKET ST STE 340 IN 46204 (Principal office address) 200 S.BISCAYNE BLVD STE 2790 MIAMI 33131 (Current mailing address, if different)

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

Name: VASILEIOS ARGYROPOULOS

Office Address: 200 S.BISCAYNE BLVD STE 2790

MIAMI, Florida 33131 (City) (Zip code)

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9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

B. Argypoulos (Registered agent's signature)

0. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: VASILEIOS ARGYROPOULOS

Address: 120 E. MARKET ST STE 340 IN 46204

Vice Chairman: VASILEIOS ARGYROPOULOS

Address: 120 E. MARKET ST STE 340 IN 46204

120 E. MARKET ST STE 340 IN 46204

Director: VASILEIOS ARGYROPOULOS

Address: 120 E. MARKET ST STE 340 IN 46204

Director: VASILEIOS ARGYROPOULOS

Address: 120 E. MARKET ST STE 340 IN 46204

B. OFFICERS

President: VASILEIOS ARGYROPOULOS

Address: 120 E. MARKET ST STE 340 IN 46204

Vice President: VASILEIOS ARGYROPOULOS

Address: 120 E. MARKET ST STE 340 IN 46204

Secretary: VASILEIOS ARGYROPOULOS

Address: 120 E. MARKET ST STE 340 IN 46204

Treasurer: VASILEIOS ARGYROPOULOS

Address: 120 E. MARKET ST STE 340 IN 46204

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STATE OF INDIANA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

2. B. Argypoulou
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

VASILEIOS ARGYROPOULOS VASILEIOS ARGYROPOULOS
(Typed or printed name and capacity of person signing application)

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

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

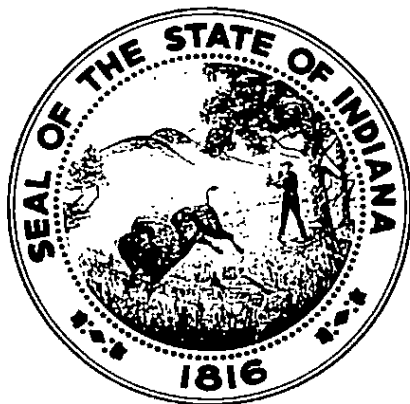
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

BILL'S EXHAUSTS LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on July 14, 2009, and was in existence or authorized to transact business in the State of Indiana on July 24, 2017.

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.



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 24, 2017

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2009071500036 / 2017364774

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>