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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

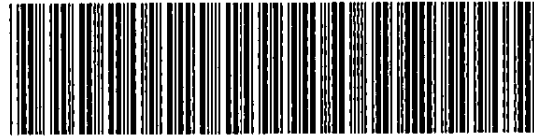
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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BLANKENSHIP AND HAAS
ATTORNEYS AT LAW

A PROFESSIONAL ASSOCIATION AND NOT A PARTNERSHIP

7050 MADISON AVENUE
INDIANAPOLIS, INDIANA 46227
Telephone: 317-783-3167 • Fax: 317-783-7613

G. THOMAS BLANKENSHIP
Registered Civil Mediator
email: bbs@blanknet.com

ROBERT D. HAAS
email: rhaas@blanknet.com

February 21, 2013

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

RE: 4001 Sivan Road LLC

To Whom It May Concern:

In connection with the above LLC, enclosed please find the following documents:

1. A Cover Letter;
2. The Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
3. The State of Indiana, Office of the Secretary of State, Certificate of Existence; and
4. The Certificate of Designation of Registered Agent/Registered Office; and
5. Check No. 4082 in the amount of One Hundred Twenty-Five Dollars (\$125.00) for the filing fee.

If you have any questions, please feel free to contact me.

Sincerely,



Robert D. Haas

RDH:ksd

Enclosures

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4001 SIVAN ROAD 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:

ROBERT D HAAS, ATTORNEY

Name of Person

BLANKENSHIP & HAAS

Firm/Company

7050 MADISON AVE

Address

INDIANAPOLIS, IN 46227

City/State and Zip Code

rhaas@blanknet.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

ROBERT D HAAS at **(317) 783-3167**

Name of 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:

- \$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 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 4001 SIVAN ROAD 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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. INDIANA 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 02/19/2013 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 7076 E LANDERSDALE ROAD, CAMBY IN 46113
(Street Address of Principal Office)

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TALLAHASSEE, FLORIDA

8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:
JACK L GREENE ABD DARLA J GREENE, TRUSTEES OF THE JACK L AND DARLA J GREENE LIVING TRUST, DATED OCTOBER 25, 1994;

7076 E LANDERSDALE ROAD, CAMBY IN 46113

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: LEASING OF COMMERCIAL REAL ESTATE

Jack L Greene
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

JACK L GREENE, TRUSTEE
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

4001 SIVAN ROAD LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

JACK L GREENE

(Name)

17631 CANAL COVE COURT

Florida Street Address (P.O. Box NOT ACCEPTABLE)

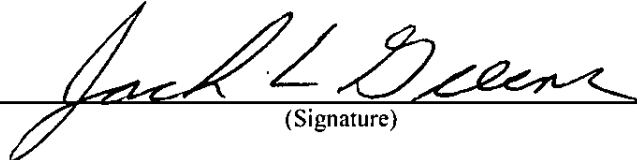
FT. MEYERS BEACH FL 33931

City/State/Zip

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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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.



(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

**STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greetings:

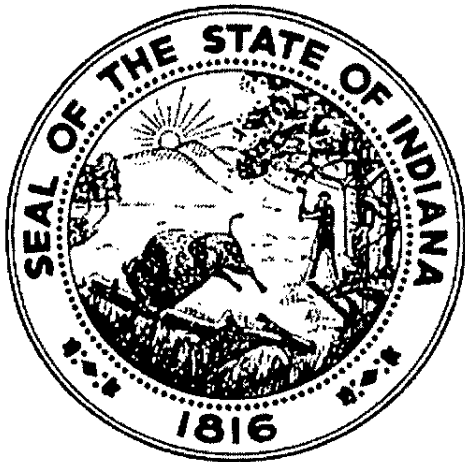
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

4001 SIVAN ROAD LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on February 19, 2013, and was in existence or authorized to transact business in the State of Indiana on February 19, 2013.

I further certify this Domestic Limited Liability Company (LLC) 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 hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Nineteenth Day of February, 2013.

Connie Lawson

Connie Lawson, Secretary of State

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