

# M14000003961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

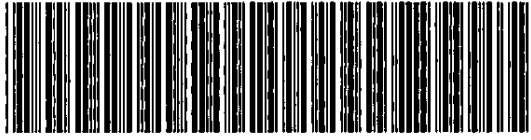
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
RA W14-32911

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2014 JUN -6 PM 4:16  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JUN - 6 2014

 **ADINAMIS  
MICHAEL  
& SAUNDERS**

A Professional Corporation

ATTORNEYS AT LAW

Carol M. Adinamis  
Susan Adinamis Michael\*  
Jeffrey A. Saunders+

500 E. 96th Street  
Suite 360  
Indianapolis, IN 46240

\* Also licensed in Florida  
+ Also licensed in Pennsylvania

(317) 218-2600  
(317) 218-2601 facsimile

May 13, 2014

Florida Department of State  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To whom it may concern:

Enclosed please find the Application by Limited Liability Company for Authorization to Transact Business in Florida along with a Certificate of Existence issued by the Indiana Secretary of State and a check in the amount of \$130.00. Please return the letter of acknowledgment and certification to our office. A pre-address envelope is also enclosed.

Thank you for your assistance.

Sincerely,



Carol M. Adinamis

CMA/dg  
Enclosures



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 27, 2014

CAROL M. ADINAMIS  
ADINAMIS, MICHAEL & SAUNDERS, P.C.  
500 E. 96TH ST, STE. 360  
INDIANAPOLIS, IN 46240

SUBJECT: S&L PROPERTY MANAGEMENT, LLC  
Ref. Number: W14000032911

We have received your document for S&L PROPERTY MANAGEMENT, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Enclosed is a CERTIFICATE OF DESIGNATION OF REGISTERED AGENT form for your convenience.,

Please return 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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 114A00011354

 **ADINAMIS  
MICHAEL  
& SAUNDERS**

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+ Also licensed in Pennsylvania

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(317) 218-2601 facsimile

June 2, 2014

Florida Department of State  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To whom it may concern:

Enclosed please find the Application by Limited Liability Company for Authorization to Transact Business in Florida along with the Certificate of Designation of Registered Agent/Registered Office as requested pursuant to the enclosed letter. Please return the letter of acknowledgment and certification to our office. A pre-address envelope is also enclosed.

Thank you for your assistance.

Sincerely,



Carol M. Adinamis

CMA/dg  
Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: S& PROPERTY MANAGEMENT, 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:

**Carol M. Adinamis**

*Name of Person*

**Adinamis, Michael & Saunders, P.C.**

*Firm/Company*

**500 E. 96th Street, Suite 360**

*Address*

**Indianapolis, IN 46240**

*City/State and Zip Code*

**deb@adinamis.com**

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

For further information concerning this matter, please call:

**Carol M. Adinamis**

*Name of Contact Person*

at ( **317** )

*Area Code*

**819-0350**

*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  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. **S&L PROPERTY MANAGEMENT, 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. **INDIANA**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **46-5082039**

(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. **520 Willow Drive**

**Mooresville, IN 46158**

(Street Address of Principal Office)

6. **520 Willow Drive**

**Mooresville, IN 46158**

(Mailing Address)

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2014 JUN -6 PM 4:16  
SHARON J. STANLEY  
TALLAHASSEE, FLORIDA


7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

**Larry Clements, Managing Member**

**520 Willow Drive**

**Mooresville, IN 46158**

8. 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)

  
\_\_\_\_\_  
Signature of an authorized person

(In accordance with section 605.0203, 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.)

**Larry Clements**

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

FILED  
2014 JUN -6 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

**S&L PROPERTY MANAGEMET, 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:

**TODD GODFREY**

(Name)

**3266 Zoratoa Ave.**

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

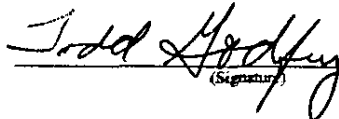
**North Port**

**34286**

**FL**

City/State/Zip

*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 605, 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

**S&L PROPERTY MANAGEMENT, LLC**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on March 06, 2014, and was in existence or authorized to transact business in the State of Indiana on May 12, 2014.

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 Twelfth Day of May, 2014.

*Connie Lawson*

Connie Lawson, Secretary of State

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