Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Foreign Limited Liability Company **GEMCO Constructors LLC**

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October 28, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: GEMCO CONSTRUCTORS LLC

REF: W14000065217

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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 FAX Aud. #: H14000250708 Letter Number: 914A00022981

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MFORMATION SERVICES

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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:

GEMCO Constructors LLC (Name of Foreign Limited Liability Co	ompany; must include "Limited Fability Company," "L.L.C." or "LLC.")
•	, , , , , , , , , , , , , , , , , , ,
name unavailable, enter alternate name adopted forbility Company," "L.L.C," or "LLC,")	or the purpose of transacting business in Florida. The afternate name must include "Limited
Indiana	3.
Ourisdiction under the law of which foreign limite company is organized)	ed hability (I'll) number, if applicable)
(Date tirst tran (See sections 605)	isacted husiness in Florida, it prior to registration, i .0904 & 605.0905, F.S. to determine penalty liability)
201 N. Delaware Street, Suite C. Indianapo	olis, IN 46204
	GO. T.
	(Street Address of Principal Office)
201 N. Delaware Street, Suite C. Indianapol	
201 N. Detaware Street, Suite C. Indianapol	18, 18, 40204
	(Musling Address)
	ress of the person(s) who has/have authority to manage is/are: Street, Suite C, Indianapolis, IN 46204
ill Baies, Member, 201 N. Delaware Str	reet, Suite C, Indianapolis, IN 46204
like Wyman, Member, 201 N. Delaware	Street, Suite C, Indianapolis, IN 46204
aving custody of records in the jurisdic reptable. If the certificate is in a foreignst be submitted) Accordance with section 608.0203.1.5. the execution of aware that any false information submitted in a document.	existence, no more than 90 days old, duly authenticated by the official ction under the law of which it is organized. (A photocopy is not gn language, a translation of the certificate under oath of the translator.) Signature of an authorized person of this document constitutes an affirmation under the penalties of person that the facts stated become are true to the Department of State constitutes a third degree felony as provided for mix 817 155, F.S.)
VAVE H.	HEDBE.
Τ.	sped or printed name of signee

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.

. The name	e of the Limited Liability	Company is:	
EMCO Cons	structors LLC		10
`unavailabl	le, the alternate to be used	d in the state of Florida is:	00,5
The name	e and the Florida street ac	ddress of the registered agent and office ar	100 mg
	NRAI Services, Inc.		
		(Name)	
	(200 South Pine Island (Road	
	Florida St	reet Address (P.O. Box NOT ACCEPTABLE)	
	Plantation	FL 53324	
		City State Zip	
ability com egistered ag latutes rela	pany at the place designa gent and agree to act in th ting to the proper and con	nt and to accept service of process for the a ted in this certificate. I hereby accept the a his capacity. I further agree to comply with applete performance of my duties, and I am as registered agent as provided for in Chap Norine Nagel-Asst, Secretar (Signature)	ppointment as o the provisions of all familiar with and oter 605. Florida
		100.00 Filing Fee for Application	

Designation of Registered Agent

Certified Copy (optional)
Certificate of Status (optional)

\$ 25.00

\$ 30.00

S 5.00

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

GEMCO CONSTRUCTORS LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on July 16, 2014, and was in existence or authorized to transact business in the State of Indiana on October 17, 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 Seventeenth Day of October, 2014.

Connie Lawson, Secretary of State

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