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COVER LETTER

	stration Section sion of Corporations							
CUDIFOR.	Rov	wden	Bay LLC)				
SUBJECT: _	Name	ne of Limited	Liability Company					
The enclosed Existence, and	"Application by Foreign Limited Liab I check are submitted to register the ab	oility Compa bove referen	any for Authorizationced foreign limited	on to Tra d liability	nsact Business i company to tra	n Florida," nsact busin	Certifices in F	cate of lorida
Please return a	all correspondence concerning this ma	atter to the f	ollowing:					
	Brigitte Moran,	Corpo	orate Par	raleg	jal			
			ne of Person			-		
	Bingham Green	nebau	m Doll L	LP				
		Firr	n/Company					
	101 South 5th S	Street	, 35th Flo	oor				
			Address					
	Louisville, Kentı	ucky	40202			Po	2814 NOV	
		City/Sta	te and Zip Code		·		V	Seattle Seattle
	cragains@aliand	ceent	.com			388.	7	
			for future annual repo	ort notifica	ition)	14 C	PH	m
For further inf	ormation concerning this matter, pleas	se call:				STA	$\ddot{\mathcal{S}}$	
Br	igitte Moran		_at (_502)		3-4025	5.7	23	
	Name of Contact Person		Area Code	Day	time Telephone N	Number		
Divis Regis P.O.	LING ADDRESS: sion of Corporations stration Section Box 6327 hassee, FL 32314	Division Registrat Clifton B 2661 Exe	r ADDRESS: of Corporations ion Section uilding centive Center Circ see, FL 32301	le				
	a check for the following amou 25.00 Filing Fee \$130.00 Filing Certificate of	g Fee &	☐ \$155.00 Filing Certified Copy		□ \$160.00 Fil of Status &			e

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. Rowden Bay, 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 Liability Company," "L.L.C," or "LLC.")	alternate name must include "Limited
_{2.} Indiana _{3.}	
	er, 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	<u> </u>
5. 825 Northgate Blvd., Ste. 203	
New Albany, Indiana 47150	
(Street Address of Principal Office)	
_{6.} 825 Northgate Blvd., Ste. 203	2
New Albany, Indiana 47150	LAN E
(Mailing Address)	103
7. The name, title or capacity and address of the person(s) who has/have author	Children Children
J. Chance Ragains, Manager	Try R III
	<u> </u>
8. Attached is an original certificate of existence, no more than 90 days old, dulhaving custody of records in the jurisdiction under the law of which it is organi acceptable. If the certificate is in a foreign language, a translation of the certific must be submitted)	zed. (A photocopy is not
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penals am aware that any false information submitted in a document to the Department of State constitutes a third degree fele	ties of perjury that the facts stated herein are true.
J. Chance Ragains	
Typed 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 of the Limited Liability Co Rowden Bay LLC	mpany is:	
If unavailable, the alternate to be used in	the state of Florida is:	
2. The name and the Florida street addre	ess of the registered agent and office are:	
Capitol Corpo	rate Services, Inc.	
	(Name)	
155 Office Pla	za Drive, Ste. A	
Florida Street Address (P.O. Box NOT ACCEPTABLE)		YKK 17
Tallahassee	FL 32301	PH F
	City/State/Zip	2: 23 0RID
Harden barren Januaria de la constanta de la c	and to appear transition of manager for the above	•

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.

Ollanie Case, asst. sec

\$ 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

ROWDEN BAY LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on July 19, 2012, and was in existence or authorized to transact business in the State of Indiana on November 13, 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 Thirteenth Day of November, 2014.

Corrie Lawson

Connie Lawson, Secretary of State

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