# M150000010350

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of S	tatus				
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DEC 3 0 2015 N. CAUSSEAUX



Courtney E. Wimsatt
Paralegal
Direct (502) 587-3704 | Fax (502) 540-2104
E-mail CWimsatt@bgdlegal.com

VIA OVERNIGHT DELIVERY

December 28, 2015

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

### Dear Sir/Madam:

Enclosed please find the completed cover letter and executed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for St. Pete Beach House, LLC. I've also enclosed a check in the amount of \$125 to cover filing fees and a Certificate of Existence from the Indiana Secretary of State's office for St. Pete Beach House, LLC. Please file the enclosed in your office and send me appropriate notice of the filing.

Should you have any questions or need additional information, please do not hesitate to contact me.

Sincerely,

Courtney E. Wimsatt

Paralegal

**Enclosures** 

17113185\_1.docx

## COVER LETTER

TO:

TO:	Registrati Division o	on Section f Corporations	3				
eun ir		te Beach House	e, LLC				
SUBJE	C1:		Name of L	imited Liability C	Company		•
The enc Existence	losed "Appl ee, and chec	ication by Fore k are submitted	ign Limited Liability Compate to register the above referen	any for Authoriza	tion to Trai ed liability	nsact Business in Florida, company to transact busin	' Certificate of ness in Florida
Please r	eturn all cor	respondence co	oncerning this matter to the f	ollowing:			
	N	lichael J. Holtz	, Esq.				
		Name of Person					-
	В	Bingham Greenebaum Doll LLP					
	Firm/Company 3500 National City Tower, 101 South Fifth Street						
	Address				•		
	L	Louisville, KY 40202					
	City/State and Zip Code					•	
	MI	Holtz@bgdlega	l.com				
			E-mail address: (to be used	for future annual	report noti	fication)	•
For furt	her informat	ion concerning	this matter, please call:				
	Michael J.	Holtz		502 at (	587-364	18	
Name of Contact Person		Contact Person	Area Code	Dayı	ime Telephone Number	-	
	Division o Registratio P.O. Box 6				Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section ailding cutive Center Circle ec, FL 32301	
Enclose		for the following Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Cof Status & Certified Co	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	TION 605,0902, FLORIDA STATUTES, THE FOLLOW. USINESS IN THE STATE OF FLORIDA.	ING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY			
St. Pete Beach House,		<u> </u>			
Nume of For	eign Limited Liability Company; must include "Limi	ted Llability Campany," "1I.,O.," or "LLC,")			
		business in Florida, The alternate name must include "Limited			
2. Indiana	3; ·N/A				
(Julisdiction under the law computy is organized)	of which throlge limited liability	(FEI number, it applicable)			
4. January 1, 2016					
	(Data first imassoled business in Florida, ly (See sections 605.0904 & 605.0905, F.S. to de	prior to registration.) Journal operator (lability)			
S. 825 Northgate Blvd., S					
Now Albuny, IN 4715					
6. 825 Northgate Blvd., S	(Street Address of Principal Office) to. 203	prior to registration.) iermine penalty llability)			
New Albany, IN 4715	••	.4			
	(Malling Address)				
7. Name and street address	s of Florida registered agent: (P.O. Bax NOT	acceptable)			
Name:	Capitol Corporate Services, Inc.				
Office Address:	155 Office Plaza Dr., Ste. A				
	Tallahassoe	, Florida 32301 (Zio code)			
designated in this applicate to complywith the provision	gistered agent and to accept service of process don, I hereby accept the appointment as regist	for the above stated limited liability company at the place ered agent and agree to act in this cupacity. I further agree implete performance of my duties, and I am famillar with and Delanie Case. Asst. Secretary.			
	(Registered agent's sign	a(ura)			
•	city and address of the person(s) who has/have ger, 825 Northgate Blvd., Sts. 203, New Albany	_ · ·			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	of which it is organized. (If the certificate is in a	thentionted by the official having oustedy of records in the foreign language, a translation of the certificate under calls			
•					
	Signature of an authorized	person:			
	in accordance with section 605,0203 (1) (b), He the Department of State constitutes a third degr	orida Statutes. I am aware thut any talse information ce felony as provided for in s.817.155, F.S.			
•	J. Chance Ragains	<u></u>			
	77 d	t			

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

To Whom These Presents Come, Greetings:

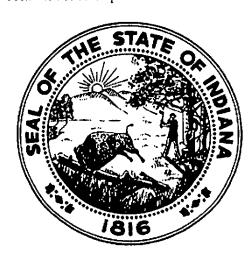
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

### ST. PETE BEACH HOUSE, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on December 23, 2015, and was in existence or authorized to transact business in the State of Indiana on December 23, 2015.

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 Twenty-Third Day of December, 2015.

Colrie Man

Connie Lawson, Secretary of State

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