# M16000010192

(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:							

Office Use Only



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DEC 20 MI 9: 24 CONTINUE OF STATE

D. SCOTT DEC 2 1 2016 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 429785 8119709

AUTHORIZATION

COST LIMIT : 160.00 ma

ORDER DATE: December 19, 2016

ORDER TIME: 12:49 PM

ORDER NO. : 429785-005

CUSTOMER NO: 8119709

#### FOREIGN FILINGS

NAME: BLAUDOW INVESTMENTS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

XX \_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

### **COVER LETTER**

TO:

**Registration Section** 

Divi	sion of Corporation	18								
SUBJECT:	Blaudow Investmen	ts LLC								
20202011	Name of Limited Liability Company									
		eign Limited Liability Comp d to register the above refere								
Please return	all correspondence of	concerning this matter to the	following:							
	Ken Blaudow									
		N	ame of Person							
	Blaudow Inves	tments								
	Firm/Company									
	8103 Knollviev	v Ct								
Address Indianapolis, IN 46256										
								City/State and Zip Code		
Ken@IndyMortgage.com										
		E-mail address: (to be used	for future annua	report notification)		<u></u> -				
For further in	formation concernin	g this matter, please call:			SETTO	ILED				
Ken	Blaudow		317 at (	590-6310	FST.	رب				
F-64	Name o	of Contact Person	Area Code	Daytime Telephor	<del></del>					
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporation Registration Section Clifton Building 2661 Executive Center Tallahassee, FL 32301							
	check for the follow 125.00 Filing Fee	ving amount:  \$\Boxed{\Omega}\$ \$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filio Certified Copy		Filing Fee, Certificate Certified Copy					

## 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:

Blaudow Investments L						
(Name of Fore	ign Limited Liability Com	pany; must include "Li	mited Liability Company," "L.L.C.,"	or "LLC.")	<del></del>	
(If name unavailable, enter al Liability Company," "L.L.C.		ne purpose of transaction	ng business in Florida. The alternate n	ame must include	: "Limi	ited
2 Indiana		3 47-2	499067			
(Jurisdiction under the law company is organized)	of which foreign limited lia	ability	(FEI number, if applicab	le)		
4	(Date first transact	ed husiness in Florida	if prior to registration )	_		
	(See sections 605.09)	04 & 605.0905, F.S. to	if prior to registration.) determine penalty liability)	·		
5. 8103 Knollview Ct				_ <b>≥</b> ≤	6	
Indianapolis, IN 46256				- 三点	Ω.	•
(Street Address of Principal Office)  6. 8103 Knollview Ct						
Indianapolis, IN 46256				<u> </u>	2	
mulanapons, nv 40230		(Mailing Address)		- <u>53</u>	ع <del>د</del> ري	<u> </u>
7. Name and street addres	s of Florida registered a	nent: (P.O. Boy NC	T accentable)	85	2	
	Chuck Lieske	gent. (1.0. box Ne	or acceptable)	هند	(A)	
Name:						
Office Address:	28518 La Pluma Way					
	Bonita Springs		, Florida 34135			
Registered agent's accep		(City)	(Zip code)			
Having been named as redesignated in this applica-	gistered agent and to action, I hereby accept the ons of all statutes relativ	e appointment as reg we to the proper and	ess for the above stated limited lia xistered agent and agree to act in a complete performance of my duti	this capacity. I	furth	er agree
		(Registered agent's	signature)	<del></del>		
8. The name, title or capa	icity and address of the p	person(s) who has/ha	ve authority to manage is/are:			
Kenneth Blaudow, 8103 k	Cnollview Ct, Indianapo	lis, IN 46256 (Pre	sident, member)			
Julie Blaudow, 8103 Knot	llview Ct, Indianapolis, I	IN 46256 (Sec,	member)			
	<del>.</del> .					
9. Attached is a certificate jurisdiction under the law of the translator must be su	of which it is organized.	(If the certificate is i	authenticated by the official having in a foreign language, a translation	g custody of rec of the certificat	cords i	in the er oath
This document is executed submitted in a document to	the Department of State	ion 605.0203 (1) (b), constitutes a third d	Florida Statutes. I am aware that a egree felony as provided for in s.8	ny false informa 17.155, F.S.	ation	

Typed or printed name of signee

## State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

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 the proper official to execute this certificate.

I further certify that records of this office disclose that

## **BLAUDOW INVESTMENTS LLC**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 09, 2014, and was in existence or authorized to transact business in the State of Indiana on December 19, 2016.

I further certifiy this Domestic Limited Liability Company 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 caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 19, 2016

Corrie Famon

CONNIE LAWSON SECRETARY OF STATE

2014120900774 / 2016175412

Verify this certificate:https://bsd.sos.in.gov/ValidateCertificate