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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

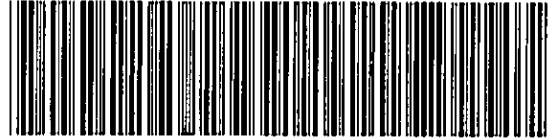
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEJEUX

JAN 09 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CENTURY GUARANTEE 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:

EVANS E. WELLS
Name of Person

CENTURY GUARANTEE LLC.
Firm/Company

366 MILLRIDGE DR
Address

INDIANAPOLIS, IN 46290
City/State and Zip Code

EVANS@THEWELLSTEAM.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EVANS WELLS at (317) 697-7444
Name of Contact Person Area Code 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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$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 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. CENTURY GUARANTEE 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. STATE of INDIANA (Jurisdiction under the law of which foreign limited liability company is organized) 3. 35-2067931 (FEI number, if applicable)

4. N/A (Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 366 MILLRIDGE DR (Street Address of Principal Office) INDIANAPOLIS IN 46290 6. 366 MILLRIDGE DR (Mailing Address) INDIANAPOLIS IN 46290

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: SIMMONS LAW FIRM Office Address: 1633 PERIWINKLE WAY #A SANIBEL, FL, Florida 33852

FILED 2019 DEC -9 PM 2:35 REGISTRY OF CORPORATIONS STATE OF FLORIDA

Registered agent's acceptance: 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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

EE Wells (Registered agent's signature)

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

CENTURY GUARANTEE, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on January 14, 1999, and was in existence or authorized to transact business in the State of Indiana on December 05, 2019.

I further certify 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. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



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 05, 2019

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

1999010900 / 20191208014

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on January 04, 2020.