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T (E.VIENX TANK)

COVER LETTER

JECT:	CENTURY G	Imited Liability Company
	Name of t	Limited Liability Company
		any for Authorization to Transact Business in Florida." Certificate need foreign limited liability company to transact business in Flori
e return all corresponde	nee concerning this matter to the	following:
	EUANS	E. WELLS ame of Person
	CENTU	m/Company
	366 N	UIRIDGE DR
	IndIA.	NADOLIS, IN 46290 tate and Zip Code
	E-mail address: to be used	EWEUS teAm. Com I for future annual report notification)
urther information conc	erning this matter, please call:	
EN AN	S WELLS	at (<u>317</u>) <u>697-7444</u> Area Code Daytime Telephone Number
N:	ame of Contact Person	Area Code Daytime Telephone Number
MAILING ADDR	ESS:	STREET ADDRESS:
Division of Corpora		Division of Corporations
Registration Section	1	Registration Section
P.O. Box 6327 Tallahassee, FL 32	314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	for the following amount: payable to: FLORIDA DEPART	MENT OF STATE
S125.00 Filing		t 🔲 \$155.00 Filing Fee & 💢 \$160.00 Filing Fee, Certific

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. (Name of Foreign Limited Labrary Company; must idelude "Limited Liability Company," "L.L.C.," or "LEC.")
(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 "LL.C.")
2. STATE I DIANA (Jurisdiction under the law of which foreign limited hability company is organized) 3. 35-2067931 (Fill number, if applicable)
4. (Date first transacted business in Florida, if prior to registration.) (See sections 605,6904 & 605 0905, F.S. to determine penalty hability)
5. 366 MILRIDGE DR 6. 366 MILRIDGE DR (Mailing Address) of Principal Office)
Indianapolis Indianapolis
IN 46290 IN. 46290
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: Simmons Low Film Office Address: 1633 PERIWINKLE WAY #ASSITE
-
SANIBEL, Fl., Florida 33857 U
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.
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: JANE A. WElls	Manager	Name: EUANS E. WELL
☐Member	Address: 366 MilleiDgE De	Member	Address: 366 milkidge 1
Authorized	Indian Apolis	Authorized	IndiANApoli's
Person	In 46290	Person	IN. 46290
Other	Other	Other	Other
☐Manager	Name:	☐ Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
☐Manager	Name:	☐ Manager	Name:
Member	Address:	☐ Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other

<u>Important Notice:</u> Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized, (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

EUANS E. WELLS

Typed or printed name of signee

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

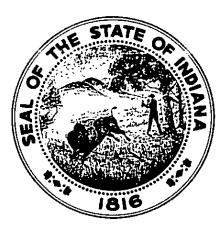
I, CONNIE LAWSON. Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

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

Corrie Lauson

CONNIE LAWSON SECRETARY OF STATE

1999010900 / 20191208014

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

Expires on January 04, 2020.