

CT CORPORATION SYSTEM

F01000005938

CORPORATION(S) NAME

(1) Naples Falling Waters 504 Management, Inc.

(2) ~~Naples Falling Waters 504, Inc.~~

FILED  
NOV 15 PM 4:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100004684341-2

-11/16/01--01002--011

\*\*\*\*\*70.00 \*\*\*\*\*70.00

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

11/15/01

Order#: 4919193

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

File 1st

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TALLAHASSEE, FLORIDA

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Naples Falling Waters 504 Management, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION"  
words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a  
natural person or partnership if not so contained in the name at present.)
2. Indiana 3. Applied for  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/06/2001 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.))
7. 201 N. Illinois Street, 23rd Floor, Indianapolis, IN 46204  
(Principal office address)
- same as above  
(Current mailing address)

8. Real estate development and management  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

**CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY**

Connie Bryan

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: George P. Broadbent

Address: 201 N. Illinois Street, 23rd Floor, Indianapolis, IN 46204

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Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: George P. Broadbent

Address: 201 N. Illinois Street, 23rd Floor, Indianapolis, IN 46204

Vice President: Joyce A. Bradley

Address: 201 N. Illinois Street, 23rd Floor, Indianapolis, IN 46204

Secretary: George P. Broadbent

Address: 201 N. Illinois Street, 23rd Floor, Indianapolis, IN 46204

Treasurer: George P. Broadbent

Address: 201 N. Illinois Street, 23rd Floor, Indianapolis, IN 46204

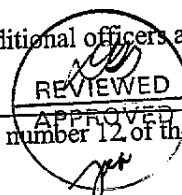
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. George P. Broadbent, President

(Typed or printed name and capacity of person signing application)



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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greeting:

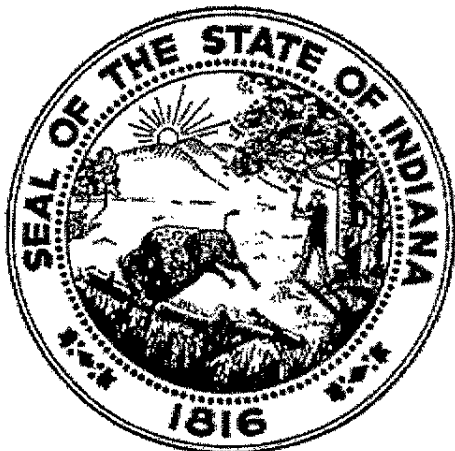
I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper office to execute this certificate.

I further certify that records of this office disclose that

NAPLES FALLING WATERS 504 MANAGEMENT, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on November 6, 2001, and was in existence or authorized to transact business in the State of Indiana on November 14, 2001.

I further certify this For-Profit Domestic Corporation 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 Fourteenth day of November, 2001.

*Sue Anne Gilroy*

SUE ANNE GILROY, Secretary of State

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