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(Re	equestor's Name)	
(Ac	ddress)	<u> </u>
(Ac	idress)	
(Cit	ty/State/Zip/Phone	e #j
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE
SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Troiano Management Corp.	
(Name o	of corporation - must include suffix)
Dear Sir or Madam:	
	on for Authorization to Transact Business in Florida," ted to register the above referenced foreign corporation to
Please return all correspondence concerning this	matter to the following:
C.W. Raines III	
. (1	Name of Person)
Bingham McHale LLP	
(Firm/Company)
2700 Market Tower, 10 West Marke	t Street
	(Address)
Indianapolis, Indiana 46204	
(City	/State and Zip code)
For further information concerning this matter, p	lease call:
C.W. Raines III	at 317-635-8900
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations 409 E. Gaines St.	Division of Corporations Sri ω P.O. Box 6327
Tallahassee, FL 32399	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee Certificate of Statu	<u> </u>

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 Troiano Management Corp.	
	"COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc,"
"Co," or "Corp.")	
(If name unavailable in Florida, enter alternate corporate na	me adopted for the purpose of transacting business in Florida)
2. New York	3. 20-2964199
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
	5. Perpetual
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. N/A	
	n Florida, if prior to registration)
	502, F.S., to determine penalty liability)
- 200 December Defension District	46000
7. 290 Breakwater Drive; Fishers, India	
(Ргіпсіраі о	ffice address)
290 Breakwater Drive; Fishers, India	ana 46038
(Current ma	iling address)
8. To engage in any lawful activity per	rmitted under New York Corp. Law
8. To engage in any lawrul activity per	rmitted under New York Gorp. Law
(Purpose(s) of corporation authorized in nome st	ate or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box)	NOT acceptable)
	NOT acceptable)
Name: Corporation Service Company	——————————————————————————————————————
1201 Harry Chroat	STATE STATE
Office Address: 1201 Hays Street	
Tallahassee	, Florida 32301
(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.

(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'. DIRE			
Chairman	Frank P. Troiano		
Address:	290 Breakwater Drive		
	Fishers, Indiana 46038		····
Vice Chair	rman:		•
Director:	Mark J. Troiano		
Address:	11 Seacrest Drive		
	Huntington, New York 11743		
Director: _		·	
Address:			
B. OFFIC	CERS		
President:	Frank P. Troiano	TAS 2	
Address:	290 Breakwater Drive	ECRETY ECRETY	71
	Fishers, Indiana 46038	SST -	- 1
Vice Presid	lent:	T 20	<u> 5</u>
Address:		ORIGINA W	
		> -	
Secretary:	Mark J. Troiano		
Address: _	11 Seacrest Drive; Huntington, New York 11743		
Г ге аѕигет:			
Address: _			
	necessary, you may attach an addendum to the application listing additional officers and/or dire		
3	(Signature of Director or Officer listed in number 12 of the application)		
	k P. Troiano, President and Chairman of the Board		
	(Typed or printed name and capacity of person signing application)		

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of TROIANO MANAGEMENT CORP. was filed on 12/31/2003, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 06th day of June two thousand and five.

Secretary of State

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