F13000004353

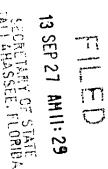
| (Re | equestor's Name) | |
|-------------------------|--------------------|---------------------------------------|
| - (A d | dress) | |
| · (Ad | ldress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | ısiness Entity Nar | me) |
| (Do | ocument Number) | · · · · · · · · · · · · · · · · · · · |
| Certified Copies | · | |
| Special Instructions to | Filing Officer: | , |
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Office Use Only



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COVER LETTER

| TO: New Filing | Section Corporations | | | |
|---|--|---------------------|--|--|
| O | • | dway Pr | onarties Inc | |
| SUBJECT: Su | | | operties, Inc. | |
| | | or corporation | . mast morado sarrix | |
| Dear Sir or Madam: | | | | |
| "Certificate of Exist | | of Good Sta | Authorization to Transac ading" and check are sub- ess in Florida. | |
| Please return all cor | respondence concern | ing this matte | r to the following: | |
| J H Brown | | | 34 | |
| | | Name of | Person, | |
| Bookkeepin | g & Busines | s Servic | es of Central F | lorida, Inc. |
| - | .• | Firm/Con | npany | |
| 1800 Pemb | rook Drive, S | Suite 300 |) | |
| Orlando, Fl | orida 32810- | Addr 6378 | ess | |
| | | City/State a | nd Zip code | 1 10 18 2 |
| jhbrown@cfl | | | | |
| | E-mail address | s: (to be used | for future annual report n | otification) |
| For further informat | ion concerning this n | natter, please | call: | |
| J H Brown | | at (407 | 822-4882 Ex | ct. 1822 |
| Name of Pe | erson | Area | Code & Daytime Telepho | one Number |
| New Filing Division of Clifton Buil | Corporations ding tive Center Circle | S: | MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, Fl | ction prporations |
| Enclosed is a check | for the following amo | ount: | | |
| □ \$70.00 Filing Fe | e 🗖 \$78.75 Filin Certificate | | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certificate of Status & Certified Copy |

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

| · | & Broadway Properties, I | |
|---|---|---|
| | orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.") | D," "COMPANY," "CORPORATION," |
| • | - | ne adopted for the purpose of transacting business in Floj lda) |
| State of I | ndiana | 3. |
| | under the law of which it is incorporated) | (FEI number, if applicable) |
| Septemb | er 25, 2000 | _{5.} Perpetual |
| (Date | of incorporation) | (Duration: Year corp. will cease to exist or "perpetual") |
| Septemb | er 25, 2013 | |
| | perior Drive, Crown Poir (Principal office a | ddress) |
| | (Current mailing a | that a corporation my be formed. |
| To engaç | ge in any lawful business | |
| To engaç | ge in any lawful business | that a corporation my be formed. |
| To engaç | ge in any lawful business of corporation authorized in home state or | that a corporation my be formed. country to be carried out in state of Florida) P.O. Box NOT acceptable) |
| To engage (Purpose(s | ge in any lawful business of corporation authorized in home state or et address of Florida registered agent: (| that a corporation my be formed. country to be carried out in state of Florida) P.O. Box NOT acceptable) orida, Inc. |
| To engage (Purpose(s) Name and street Name: | ge in any lawful business a) of corporation authorized in home state or et address of Florida registered agent: (Bookkeeping & Business Services of Central Florida | that a corporation my be formed. country to be carried out in state of Florida) P.O. Box NOT acceptable) orida, Inc. |

further agree to comply with the provisions of all statutes relative to the proper and complete 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. DIRECTORS Chairman: _____ Vice Chairman: Director: **B. OFFICERS** President: Address: ___ Vice President: Address: __ Secretary: _ Address: Treasurer: Janine Fitzgerald Address: 865 N. Superior Drive, Crown Point, IN. 46307 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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. 14. Janine Fitzgerald

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

To Whom These Presents Come, Greetings:

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

I further certify that records of this office disclose that

SUMMIT & BROADWAY PROPERTIES, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on September 25, 2000, and was in existence or authorized to transact business in the State of Indiana on August 30, 2013.

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 Thirtieth Day of August, 2013.

•

Connie Lawson, Secretary of State

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