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| · (Red                    | questor's Name)                       |           |
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| (Add                      | dress)                                |           |
| <b>V</b>                  | <b>,</b>                              |           |
| (C)                       | (O-1-17:-10:                          | 40        |
| (City                     | //State/Zip/Phone                     | · #)      |
| PICK-UP                   | WAIT                                  | MAIL      |
|                           |                                       |           |
| (Bus                      | siness Entity Nam                     | ne)       |
|                           |                                       |           |
| (Doc                      | cument Number)                        |           |
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| Carified Canica           | Codificatos                           | of Status |
| Certified Copies          | . Certificates                        | or Status |
|                           |                                       |           |
| Special Instructions to F | Filing Officer:                       |           |
|                           |                                       |           |
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Office Use Only



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SECRETARY OF STATE
TALL AHASSEE, 5: ORIOA

J. HARRELE

## **COVER LETTER**

| TO:              | Registration S<br>Division of Co                    |  |   |  |  |  |  |  |
|------------------|---|--|---|--|--|--|--|--|
|                  |   | LLERIA REALTY CORPORA  | TION  |  |  |  |  |  |
| SUBJECT:         |   |  |   |  |  |  |  |  |
|                  |   | Name of corporat   | ion - must include suffix   |  |  |  |  |  |
| Dear S           | Sir or Madam:                                       |  |   |  |  |  |  |  |
| "Certi           | ficate of Existen                                   | ntion by Foreign Corporation<br>ce," or "Certificate of Good S<br>gn corporation to transact bus | Standing" and check are subr  |  |  |  |  |  |
| Please<br>Nicole |   | spondence concerning this ma   | tter to the following:  |  |  |  |  |  |
|                  |   | Name   | of Person   |  |  |  |  |  |
| Pearl &          | & Associates Law                                    | , PA   |   |  |  |  |  |  |
|                  |   | Firm/C   | Company   |  |  |  |  |  |
| 1172 S           | Dixie Highway #                                     |  | ompany  |  |  |  |  |  |
|                  |   | Ac   | ddress  |  |  |  |  |  |
| Coral (          | Gables, FL 33146                                    |  |   |  |  |  |  |  |
|                  | <del></del>   | City/Stat  | te and Zip code   |  |  |  |  |  |
| nicole           | @drivedevelopme                                     | •  | •   |  |  |  |  |  |
|                  |   | E-mail address: (to be us  | ed for future annual report n   | otification)                                   |  |  |  |  |
| For fu           | rther information                                   | n concerning this matter, plea   | -   |  |  |  |  |  |
|                  |   | at ( 305   | 905-1518  |  |  |  |  |  |
|                  | Name of Pers  | on Area C  | Code Daytime Teleph   | one Number                                     |  |  |  |  |
|                  | Registration S<br>Division of Co<br>Clifton Buildin | orporations<br>ng<br>e Center Circle   | MAILING AI<br>Registration Se<br>Division of Co<br>P.O. Box 6327<br>Tallahassee, FI | ection<br>rporations                           |  |  |  |  |
| Enclos           | ed is a check for                                   | r the following amount:  |   |  |  |  |  |  |
| □ \$70           | 0.00 Filing Fee                                     | □ \$78.75 Filing Fee & Certificate of Status   | □ \$78.75 Filing Fee & Certified Copy   | \$87.50 Filing Fee,<br>Certificate of Status & |  |  |  |  |

## 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.

| (Enter name of c  | orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")  | " "COMPANY," "CORPORATION,"   | 1   |          | -                                    |
|---|---|---|---|----------|--------------------------------------|
| SET GALLERI   | A REALTY CORPORATION  |   |   |          |                                      |
| (If name unavail  | able in Florida, enter alternate corporate name   | adopted for the purpose of transacting                                    | business in Flo   | rida)    | -                                    |
| INDIANA   | 3.  | 35-2056615  |   |          |                                      |
| (State or country under the law of which it is incorporated) 12/29/1997 |   | (FEI number, if applicable)   |   | -        |                                      |
| 4. (Date  | e of incorporation) 5.  | (Date of duration, if other than perpetual)                               |   |          | -                                    |
| 6.  |   |   |   |          |                                      |
|   | (Date first transacted business in  | n Florida, if prior to registration)                                      |   |          | =                                    |
| 425 IOLIET STR  | (SEE SECTIONS 607.1501 & 607.1.<br>REET, SUITE 410, DYER, IN 46311  | 502, F.S., to determine penalty liability                                 | ')  |          |                                      |
| 7   |   | pal office address)   |   |          | -                                    |
|   | (Princi)  | pai office address)   |   |          |                                      |
|   | (Current maili  | ng address, if different)   |   |          | -                                    |
|   | ·   |   | 25  | CF)      |                                      |
| 8. Name and stree   | et address of Florida registered agent: (P.   | O. Box NOT acceptable)  |   | 5        | E .                                  |
| Name:   | NICOLE PEARL, ESQ.  |   | 16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00<br>16.00 | 12       | 1 x x 11 , <b>April</b><br>1 to 16 d |
|   | 1172 S. DIXIE HIGHWAY, #163   |   | áirí<br>Do  | <u> </u> |                                      |
| Office Address:   |   |   | 77.0  | <i>ن</i> | (-)                                  |
|   | CORAL GABLES  | , Florida   |   | 2        | - Carrier                            |
|   | (City)  | (Zip code)  | 35<br>35  | 1-       |                                      |
| Having been nam<br>designated in this<br>further agree to c             | ent's acceptance: ned as registered agent and to accept serve t application, I hereby accept the appoints comply with the provisions of all statutes to familiar with and accept the obligations of | ment as registered agent and agred<br>relative to the proper and complete | e to act in thi   | s capa   | icity. I                             |

10. 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.

# 11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: Address: Director: Address: B. OFFICERS President: President: 425 Joliet Street, Suite 410, Dyer, IN, 46311, USA Vice President: Vice President: Victor J DIMAGGIO

Address:

VICTOR J DIMAGGIO

Secretary:

425 Joliet Street, Suite 410, Dyer, IN, 46311, USA

VICTOR J DIMAGGIO

Secretary:

425 Joliet Street, Suite 410, Dyer, IN, 46311, USA

Address:

Treasurer:

Address:

NOTE: If necessary James is 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 11 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.

13. PHILLIP SYLVESTER, PRESIDENT

# 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

### **GALLERIA REALTY CORPORATION**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 29, 1997, and was in existence or authorized to transact business in the State of Indiana on May 06, 2016.

I further certifiy this Domestic For-Profit 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 caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, May 06, 2016

Corrie Zamson

CONNIE LAWSON
SECRETARY OF STATE

1997122415 / 201611312

Verify this certificate:https://bsd.sos.in.gov/ValidateCertificate