

FILE 000005327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

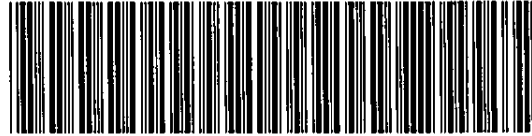
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wile-73922

Office Use Only



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10/31/16--01041--004 **78.75

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16 NOV 28 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0005
08/14/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 1, 2016

WILLIAM R. BATES
P.O. BOX 44058
INDIANAPOLIS, IN 46244

SUBJECT: MBA PROPERTY MGMT INC.
Ref. Number: W16000073922

RECEIVED
2016 NOV 28 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MBA PROPERTY MGMT INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tanisha L Washington
Regulatory Specialist II

Letter Number: 216A00023420



November 21, 2016

Tanisha L. Washington
Regulatory Specialist II
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Washington:

We are writing pursuant to your instructions by telephone on Thursday, November 17, 2016, to apologize for mistakenly entering the wrong date on the application. Please use the correct date of January 2, 2016, on line #6 of the application.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "William R. Bates", is written over the word "Sincerely,".

William R. Bates

Enclosure - application

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MBA PROPERTY MGMT INC.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

WILLIAM R. BATES

Name of Person

MBA PROPERTY MGMT INC.

Firm/Company

P.O. BOX 44058

Address

INDIANAPOLIS, INDIANA 46244

City/State and Zip code

INFO@MBARENTS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM R. BATES at (317)

Name of Person

Area Code

634-8000

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☒ \$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**

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. MBA PROPERTY MGMT INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. INDIANA 3. 27-1657082
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05-19-2006 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. OCTOBER 2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1001 NORTH DELAWARE STREET #3 INDIANAPOLIS, IN 46202
(Principal office address)

P.O. BOX 44058 INDIANAPOLIS, IN 46204
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: WILLIAM R. BATES

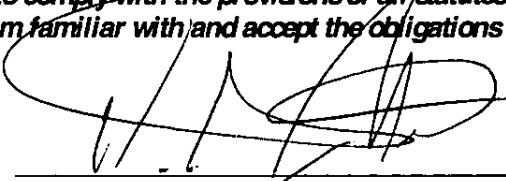
Office Address: 2555-D DIXIE PARKWAY

FORT MYERS, Florida 33901
(City) (Zip code)

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TALLAHASSEE, FLORIDA

9. 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)

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: _____

Director: _____

Address: _____

B. OFFICERS

President: WILLIAM ROBERT BATES

Address: 826 NORTH BROADWAY STREET

INDIANAPOLIS, IN 46202

Vice President: _____

Address: _____

Secretary: MAZIE C. MAUDE

Address: P.O. BOX 44058 INDIANAPOLIS, IN 46244

Treasurer: _____

Address: _____

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

12. _____

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. WILLIAM ROBERT BATES, PRESIDENT

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

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TALLAHASSEE, FLORIDA

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

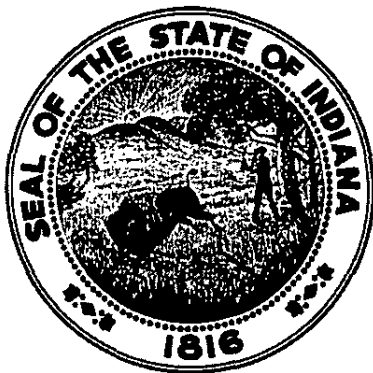
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

MBA PROPERTY MGMT INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on May 19, 2006, and was in existence or authorized to transact business in the State of Indiana on October 26, 2016.

I further certify 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, October 26, 2016

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2006052300315 / 2016137106

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