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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

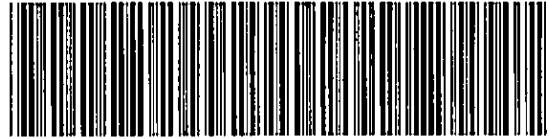
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/20/19 -01004--006 **87.50

FILED
2019 DEC 20 P 4 04
TALLAHASSEE, FLORIDA

JAN 15 2020

T. LEVIEUX

EMILY WILLS
Paralegal
(813) 472-7859
emily.wills@phelps.com

December 19, 2019

19470-0703

VIA UPS OVERNIGHT

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

Re: Application – Foreign Corporation to Transact Business in Florida

To Whom It May Concern:

Enclosed please find the following documents for **SANDLIAN MANAGEMENT CORPORATION**, an Indiana corporation (the “Corporation”):

1. Division of Corporations Cover Letter;
2. Application By Foreign Corporation For Authorization To Transact Business in Florida (“Authorization”); and
3. The Corporation’s Certificate of Existence issued by the State of Indiana.

Also enclosed is my firm’s Check No. 106862 in the amount of \$87.50* to cover the cost of the filing fee, together with a Certificate of Status and Certified Copy and a pre-paid UPS label and envelope to return the same back to me.

*Please note this will be the second (2nd) time the Corporation is applying for Authorization. The first attempt was denied (Document Number W19000036778) due to the exclusion of the Certificate of Existence. If you are in receipt of payment from the Corporation’s first attempt, please utilize such payment and promptly return our Check No. 106862 inside the UPS envelope with the foregoing requested documents.

If you have any questions regarding this matter, please do not hesitate to contact me on my direct telephone number at (813) 472-7859.

Sincerely,



Emily Wills
Paralegal to Derek Larsen-Chaney, Esq.

Enclosures

COUNSELORS AT LAW

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sandlian Management Corporation
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:

Susan Presley
Name of Person
Sandlian Management Corp.
Firm/Company
10913 E. 126th St.
Address
Fishers Indiana 46038
City/State and Zip code
Sue @ sandlianmgmt.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Presley at (317) 255-4107
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle *West*
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. Sandlian Management Corporation

(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

(State or country under the law of which it is incorporated)

3. 20-1959146

(FEI number, if applicable)

4. 11/1/2005

(Date of incorporation)

5. _____
(Date of duration, if other than perpetual)

6. 11/1/2009

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

7. 10913 E. 126th Street Fishers Indiana 46038

(Principal office address)

(Current mailing address, if different)

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

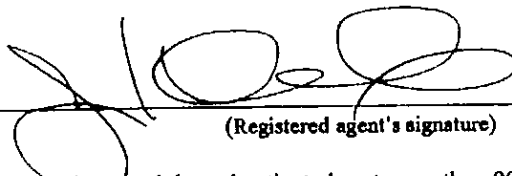
Name: Jason Hall

Office Address: 2127 W. Daugherty Rd

Lakeland, Florida 33810
(City) (Zip code)

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.

FILED
19 DEC 20 P 1:04
CLERK OF THE COURT
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

CEO
Chairman: Lance B Sandlian

Address: 6780 Barrington Place
Fishers IN 46038

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Darah S. Watson

Address: 5855 Andover Rd
Indianapolis, IN 46220

Vice President: Colby B Sandlian I

Address: 435 N Broadway Ste 201
Wichita KS 67202

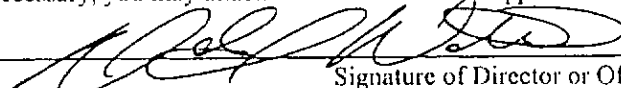
Secretary: Susan Presley

Address: 16998 Flinchum Way West Noblesville IN 46062

Treasurer: ~~BJ~~

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. Darah S. Watson President
(Typed or printed name and capacity of person signing application)

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

SANDLIAN MANAGEMENT CORPORATION

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 06, 2004, and was in existence or authorized to transact business in the State of Indiana on December 09, 2019.

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. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 09, 2019

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2004120800064 / 20191213064

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on January 08, 2020.