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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: SNYDER STRATEGY Realty, Inc.	
Name of corporation	- must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for a "Certificate of Existence," or "Certificate of Good Standard above referenced foreign corporation to transact business."	ding" and check are submitted to register the
Please return all correspondence concerning this matter	to the following:
Jesse Snyder	<b>2022</b>
Name of l	Person E
SNYDER STRATEGY Realty, Incorporated	Person Francisco Signatura Control Con
Firm/Com	pany
	The second secon
8888 Keystone Crossing, Suite 1300	
Addre	ss 55 5
Indianapolis, IN 46240	
City/State ar	nd Zip code
jesse@snyderstrategy.net	
E-mail address: (to be used f	or future annual report notification)
For further information concerning this matter, please c	all:
Jesse Snyderat ( 317	<sub>)</sub> 445-7346
Name of Person Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT  \$70.00 Filing Fee  \$78.75 Filing Fee & Certificate of Status	OF STATE  \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy 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.

SNYDER S (If name unavai	lable in Florida, enter alternate corporate name adop	pted for the purpose of transacting business in F	Florida)
Indiana	3		
(State or coun	ry under the law of which it is incorporated)	(FEI number, if applicable)	
July 10, 20	<b>08</b> 5.		
(Dat	e of incorporation)	(Date of duration, if other than perpetual)	
Have NOT	conducted any business		
0000 1/ 1	(SEE SECTIONS 607.1501 & 607.1502.	• • •	
8888 Keysto	ne Crossing, #1300, Indianapolis, IN 46 (Principal office st	F.S., to determine penalty liability) 6240 treet address)	→ :
	(Principal office select address of Florida registered agent: (P.O. Bo	F.S., to determine penalty liability) 6240 treet address)	TAIL OF GIVAN OF SIX
Name and stre	(Principal office selected address of Florida registered agent: (P.O. Bo	F.S., to determine penalty liability) 6240 treet address)	TAL AUESSED OF STATE
Name and streen Name:	(Principal office selected agent: (P.O. Books Stanley  6740 Medlar Dr.	F.S., to determine penalty liability) 6240 treet address)	SAL PARSACL TO STATE OF STATE

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 puly 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.

A. DIRECTORS	·						
□Chairman	Name: Jesse Snyder	□Chairman	Name:		_		
□ Vice Chairman	Address: 8888 Keystone Crossing	□Vice Chairman	Address:		_		
□Director	Suite 1300	□Director			_		
<b>⊘</b> President	Indianapolis, IN 46240	□President			_		
□ Vice President		□Vice President			_		
☐ Secretary	□Treasurer	□Secretary		□Treasurer			
□Other	Other	□Other	<del></del>	□()ther	_		
□Chairman	Name:	□ Chairman	Name:		_		
□Vice Chairman	Address:	□Vice Chairman	Address:		_		
□Director		□Director			_		
□President		□President					
□Vice President		□Vice President		2022	_		
□ Secretary	□Treasurer	☐ Secretary		□Treasurer 🚟 💍	•		
□Other	□Other	□Other	<del></del>	□Other			
□ Chairman	Name:	□ Chairman	Name:	75 AR 6			
□Vice Chairman	Address:	□ Vice Chairman	Address:	<u> </u>	_		
□Director		□Director		- <del></del>	_		
□President		□President			_		
□Vice President		□Vice President			_		
□ Secretary	Treasurer	□Secretary		□Treasurer			
□Other	Other	□Other	<del></del>	□()ther	_		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.							
12.	Signature of Director or	Officer	<del></del>		_		
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. Jesse Snyder

## State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, 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

#### SNYDER STRATEGY REALTY, INCORPORATED

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on July 10, 2008, and was in existence or authorized to transact business in the State of Indiana on August 26, 2022.

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, August 26, 2022

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HOLLI SULLIVAN
SECRETARY OF STATE

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All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate Expires on September 25, 2022.