

F23000004296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

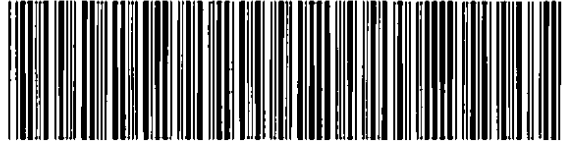
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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AND
FILED

2023 JUL 21 AM 8:50

SECRETARY OF STATE
FILING OFFICE

2023 JUL 21 6:10:43

JUL 22 2023

K. Brumbly

CT CORP
(850)656-4724
3458 Lakeshore Drive,
Tallahassee, FL 32312

Date: 07/21/2023

Acc#120160000072

eric DW

Name:	Groundbreak, Inc.
Document #:	
Order #:	15042236

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notification

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **78.75**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Groundbreak, 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:

Christina Giza

Name of Person

Ice Miller LLP

Firm/Company

200 West Madison Street, Suite 3500

Address

Chicago, Illinois 60603

City/State and Zip code

Christina.Giza@icemiller.com

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

For further information concerning this matter, please call:

Christina Giza

at (312) 705-6027

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 OF STATE**

☐ \$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. Groundbreak, 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. Delaware 3. 93-1750969
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5/25/2023 5. perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 830 Massachusetts Ave., Suite 1500, Floor 4, Indianapolis, Indiana 46204
(Principal office street address)
830 Massachusetts Ave., Suite 1500, Floor 4, Indianapolis Indiana, 46204
(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation FL 33324
(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.

C T Corporation System

By: _____

Laura R Broderick

(Registered agent's signature) Laura Broderick, Assistant Secretary

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

2023 JUL 21 AM 8:50
 SECRETARY OF STATE
 TALLAHASSEE, FL 32399

APPROVED
 AND
 FILED

A. DIRECTORS

☐ Chairman Name: Josh Israel

☐ Vice Chairman Address: 830 Massachusetts Ave.,

☒ Director Suite 1500, Floor 4

☒ President Indianapolis, IN 46204

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other CEO ☐ Other _____

☐ Chairman Name: Jon Hubartt

☐ Vice Chairman Address: 830 Massachusetts Ave.,

☒ Director Suite 1500, Floor 4

☐ President Indianapolis, IN 46204

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Devin Serago

☐ Vice Chairman Address: 830 Massachusetts Ave.,

☒ Director Suite 1500, Floor 4

☐ President Indianapolis, IN 46204

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other COO ☐ Other _____

☐ Chairman Name: Egan Montgomery

☐ Vice Chairman Address: 830 Massachusetts Ave.,

☒ Director Suite 1500, Floor 4

☐ President Indianapolis, IN 46204

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Eric Goodman

☐ Vice Chairman Address: 830 Massachusetts Ave.,

☐ Director Suite 1500, Floor 4

☐ President Indianapolis, IN 46204

☐ Vice President _____

☒ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Blake Koriath

☐ Vice Chairman Address: 830 Massachusetts Ave.,

☐ Director Suite 1500, Floor 4

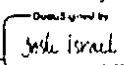
☐ President Indianapolis, IN 46204

☐ Vice President _____

☐ Secretary ☒ Treasurer

☐ Other _____ ☐ Other _____

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

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. Josh Israel, CEO
(Typed or printed name and capacity of person signing application)

Delaware

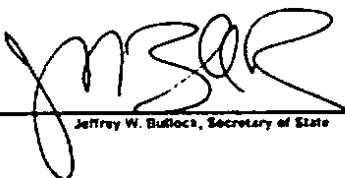
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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "GROUNDBREAK, INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS
OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES
HAVE BEEN ASSESSED TO DATE.




Jeffrey W. Bullock, Secretary of State

7486269 8300

SR# 20233049155

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203794508

Date: 07-21-23