

M0100000002304

Requester's Name

Address

City/State/Zip

Phone #

200004630562--7

-10/11/01--01005--001

****320.00 ****160.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ROLLING MEADOWS 11, LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of State

01 OCT -9 AM 10:30

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

WL
10/12

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FF \$125
certs 35

Examiner's Initials

up

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. ROLLING MEADOWS II, LLC
(Name of foreign limited liability company)

2. INDIANA 3. 35-2064064
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12-21-98 5. 2048
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. August 2001
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. Admiral Manufactured Housing Community
8121 Lillian Highway, Pensacola, FL 32506
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

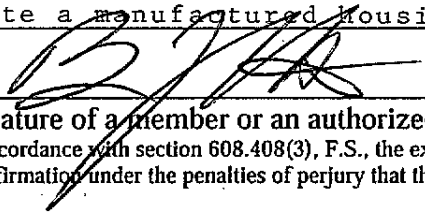
9. The name and usual business addresses of the managing members or managers are as follows:
Heritage Financial Group, Inc.
120 W. Lexington Avenue
Elkhart, IN 46516

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
OCT -9 AM 10:30

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

Own and operate a manufactured housing community and mini-storage.


Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Brian J. Smith
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

ROLLING MEADOWS II, LLC

2. The name and the Florida street address of the registered agent and office are:

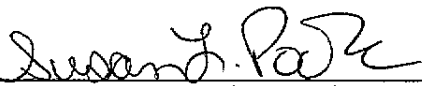
SUSAN POOLE
(Name)

10201 W. Beaver Street
Florida street address (P.O. Box NOT ACCEPTABLE)

Jacksonville, FL 32220
(City/State/Zip)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT -9 AM 10:30

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, 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 office to execute this certificate.

I further certify that records of this office disclose that

ROLLING MEADOWS II, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana December 21, 1998, and was in existence or authorized to transact business in the State of Indiana on September 12, 2001.

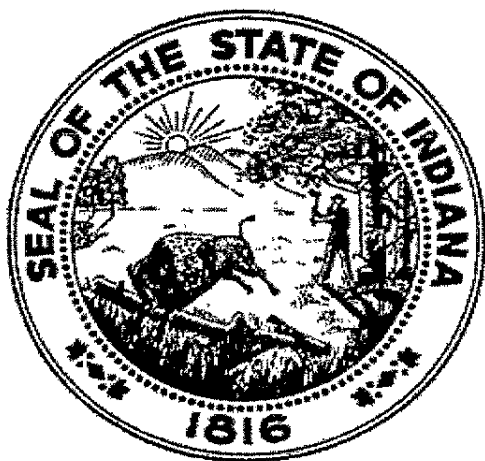
I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT -9 AM 10:30

In Witness Whereof, I have hereunto set my hand
and affixed the seal of the State of Indiana, at the
City of Indianapolis, this Twelfth day of September, 2001.

Sue Anne Gilroy

SUE ANNE GILROY, Secretary of State



1998121541 / 2001091215346