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W03000001298 A CCH LEGAL INFORMATION SERVICES COMPANY

Fax 850 222 7615

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Gateway Shoppes II, LLC			
	(Name of foreign limited liability company)			
2.	Indiana 3. 04-3662240			
-· <u>·</u>	(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)			
4.	05/13/2002 5. Perpetual	TAT SE	02	
	(Date of Organization) (Duration: Year limited liability company wine exist or "perpetual")		NU	
6.	Upon qualification	SSI SSI	$\overline{\omega}$	ī
	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)	E O	P#	1
7.	4525 E. 82nd Street, Indianapolis, IN 46250	. S.J	<u>~</u>	
		ATE	04	
	(Street address of principal office)		_	
R	If limited liability company is a manager-managed company, check here			
٠.	in minor monthly company is a manager-managed company, effects here			
€.	The name and usual business addresses of the managing members or managers are as follow	s:		
	Robert Warstler, 4525 E. 82nd Street, Indianapolis, IN 46250			
	William L. Schrage, One College Park, 8910 Purdue Road, Suite 350, Indianapolis,	IN 4626	8	
	Thomas Rush, 4525 E. 82nd Street, Indianapolis, IN 46250			
			_	
			_	
ın	Attached is an original cartificate of artistance no more than 00 days and delicated in a 11 of			
٠.	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having of the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign	ustody of	record:	l II
	translation of the certificate under oath of the translator must be submitted.)	ar rangua	ge, a	
	,			
1.	Nature of business or purposes to be conducted or promoted in Florida: real estate investigation	stment	_	
-			_	
	_/ley/			
	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.)			
	William L. Schrage, Manager			

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 o	t the Limited Liability Compa	any is:				
2. The name a	nd the Florida street address o	.,	ent and office are:	SECRETA TALLAHAS	NUL 20	الد ,
	C T Corporation	n System		· SE	ယ	0371
		(Name)		OF STATE E, FLORIDA	PM 2:	0
	1200 South Pin		, , <u>, , , , , , , , , , , , , , , , , </u>	ATE RIDA	040	
	Florida street addr	ess (P.O. Box <u>NOT</u> A	CCEPTABLE)		₩,	•
	Plantation	FL	33324	,		
	; 'r	City/State/Zip				-
	•					

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..

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

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

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#### 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

### GATEWAY SHOPPES II, LLC

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.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Eleventh day of June, 2002.

SUE ANNE GILROY, Secretary of State

- Sue anne Litry

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