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SECTION OF FEBRUATE AND THE PROBLEM OF THE PROBLEM OF



TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations	
	version Marbaka II C	
SUB	JECT: Marbeke, LLC	f Limited Liability Company)
	(Name o	TEllinted Liability Company)
Florid		ed Liability Company for Authorization to Transact Business in are submitted to register the above referenced foreign limited ida
Pleas	e return all correspondence concerning	this matter to the following:
	Kent M. Broach	
	 	(Name of Person)
	Wooden & McLaughlin LLP	
		(Firm/Company)
	One Indiana Square, Suite 1800	3 -3
		(Address)
		12
	Indianapolis, IN 46204	ORI 2
		ity/State and Zip Code)
For fi	urther information concerning this matte	er, please call:
	Kent M. Broach	at (317) 639-6151
	(Name of Person)	(Area Code & Daytime Telephone Number)
	STREET ADDRESS:	MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations 409 E. Gaines Street		Division of Corporations
		P.O. Box 6327
	Tallahassee, Florida 32399	Tallahassee, Florida 32314
Enclo	osed is a check for the following amount	:
	✓ \$125.00 Filing Fee ☐ \$130.00 Filing Certifi	Fee & 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate cate of Status Certified Copy of Status & Certified Copy

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

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

(Name of Foreign Li	mited Li	ability Company)
Indiana	3	N/A
Jurisdiction under the law of which foreign limited lia company is organized)	ibility .	(FEI number, if applicable)
	5.	perpetual
(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")
upon registration		TAS OF
(Date first transacted busines (See sections 608.501 & 608.5	ss in Flor 502 F.S. (ida, if prior to registration.) to determine penalty liability)
8719 Boehning Lane		
Indianapolis, IN 46219		
(Street A	ddress o	f Principal Office)
If limited liability company is a manager-ma	naged o	company, check here 🗹
771		S
The name and usual business addresses of the	e mana	ging members or managers are as follows:
Edward C. Arkenau		
769 Pyrula Avenue		
Sanibel, FL 33957	y be	
<u> </u>		ays old, duly authenticated by the official having custody of rec
		is not acceptable. If the certificate is in a foreign language, a
nslation of the certificate under oath of the translator must	. De sulom	med.)
. Nature of business or purposes to be conduc	cted or	promoted in Florida: real estate
22 110	5 /	71
- Salvas (1	was
		norized representative of a member.
		y that the facts stated herein are true.)

Typed or printed name of signee

Edward C. Arkenau

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	f the Limited Liability Company is:			
Marbeke, LLC				_
2. The name a	nd the Florida street address of the registered agent and office are:			
	Edward C. Arkenau	#S	0.5	
(Name)		EUL	FEB	-11
	769 Pyrula Avenue	15.SS	ယ်	三
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	SSEE, FIL	PM 12: 20	ED
	Sanibel FL 33957 City/State/Zip	OPUDA OPUDA	; 20 , TF	

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, Florida Statutes.

(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, Greetings:

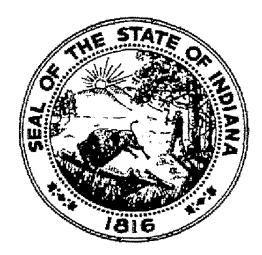
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

MARBEKE, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on January 26, 2005, and was in existence or authorized to transact business in the State of Indiana on January 31, 2005.

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 Thirty-First Day of January, 2005.

TODD ROKITA, Secretary of State

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