M05000000781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

700046122907

FILED
05 FEB 11 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
1333 NORTH DUVAL STREET, TALLAHASSEE, FL 32303
PHONE: (800) 435-9371 FAX: (866) 860-8395

FILED
05 FEB 11 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DATE: 02-11-05

NAME: FLORIDA KEYS ENTERPRISES, LLC

TYPE OF FILING: APPLICATION TO TRANSACT BUSINESS

COST: $125

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

FILED
05 FEB 16 PM 2:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

1. FLORIDA KEYS ENTERPRISES LLC
(Name of Foreign Limited Liability Company)

2. State of INDIANA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 35-2235176
(FEI number, if applicable)

4. 7/22/2004
(Date of Organization)

5. PERPETUAL
(Duration: Year limited liability company will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 3023 W. MORRIS ST Ste 00
INDIANAPOLIS IN 46241
(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:

SEE ATTACHED

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 RENT Commercial PROPERTY.

Jacqueline S Hurt
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.)

Jacqueline S. HURT
Typed or printed name of signee

9. The name and usual business addresses of the managing members or mangers are as follows:

Managing member:
Hurt Management Trust
Jacqueline S. Hurt, Trustee
3023 W. Morris St. Suite 00
Indianapolis, IN 46241

Other members:
Victoria L. Luhman
182 N 671 ST E
Avon, IN 46123

Jacqueline S. Hurt
909 Fry Road
Greenwood, IN 46142

Jay Dee Hurt
3023 W. Morris St. Lot #80
Indianapolis, IN 46241

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:

FLORIDA KEYS ENTERPRISES LLC

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

THOMAS D. WRIGHT
(Name)

9711 OVERSEAS Hwy.
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

MARATHON FL 33050
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, Florida Statutes.

Thomas D. Wright
(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:

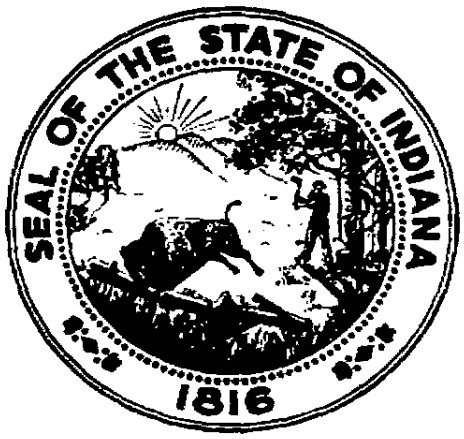
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

FLORIDA KEYS ENTERPRISES, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on July 29, 2004, and was in existence or authorized to transact business in the State of Indiana on February 07, 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 Seventh Day of February, 2005 .

TODD ROKITA, Secretary of State

2004073000058 / 2005020753018