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(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:





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SECRETARY OF STATI
ALLAHASSEE FLORIE



#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ANT of Florida, LLC (Name of Lin	mited Liability Company)	-
The enclosed "Application by Foreign Limited Li Florida," Certificate of Existence, and check are s liability company to transact business in Florida	submitted to register the above reference	
Please return all correspondence concerning this	matter to the following:	
Jan Lo	aughlin (ame of Person)	7s 9
(N	ame of Person)	S S
ANT OF FI	orida, LLC	FILE NY -5 RETARK
(F	orida/LLC irm/Company)	EG P
6831 E 32nd	Street, Scate 300 (Address)	FILED NAY -5 PN 5: 08 LAHASSIE FLORID
	(Address)	
Indianapol	IIG, IN 462246 State and Zip Code)	
(City/S	State and Zip Code)	<del></del>
For further information concerning this matter, pl	lease call:	
Jan Laughlin (Name of Person)	at (317) 860-2963 (Area Code & Daytime Telephone	
(Name of Person)	(Area Code & Daytime Telephone	Number)
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
409 E. Gaines Street	P.O. Box 6327	
Tallahassee, Florida 32399	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		

☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate

Certificate of Status Certified Copy of Status & Certified Copy

of Status & Certified Copy

\$125.00 Filing Fee

### 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: ANT OF Florida, LLC
(Name of Foreign Limited Liability Company) 20-1475226 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 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: Gary Edwards 6831 E 32rd St. Suite 300, Indianapolis IN 46226 Jeff Greenwart 1831 E 32rd St, Swite 300, Indianapolis IN 46226 10. Attached is an original certificate of existence, no more than 90 days old, duty 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: Real Estate 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.)

Jan Lauahlin

FL057 - 08/03/04 C T System Online

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.

2. The name and the Florida street address of	f the registered a	gent and office are:	95 NA TALLA
СТС	Corporation System	•	EAS.
(Name)			- SEE
1200 S	outh Pine Island Ro	ad	STA FLOR
Florida Street Addre	ess (P.O. Box NOT	ACCEPTABLE)	- 10A 08
Plantation	FL	33324	
	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.

By: CT Corporation System Jeffrey R. Graves
Assistant Secretary

1. The name of the Limited Liability Company is:

\$ 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

#### ANT OF FLORIDA, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on July: 14, 2004, and was in existence or authorized to transact business in the State of Indiana on May 02, 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 Second Day of May, 2005.

TODD ROKITA, Secretary of State

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