(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nam	ne)
(Do	cument Number)	
Certified Coples	Certificates	of Status
Special Instructions to I	Filing Officer:	
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		8/17/
	Office Lice Onl	KIPI



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## TRANSMITTAL LETTER

	TRANSMITTAL LETTER		
TO:	Registration Section Division of Corporations		
SUBJ	JECT: Villa Rosa, LLC		
	(Name of Limited Liability Company)		
Florid	enclosed "Application by Foreign Limited Liability Company for Authorization to Transact da," Certificate of Existence, and check are submitted to register the above referenced foreign ity company to transact business in Florida	Busine n limit	ss in ed
Please	e return all correspondence concerning this matter to the following:		
	J. Bradley Guarino-Sanders, Attorney at Law		
	(Name of Person)		
	Guarino-Sanders & Mull, PSC		
	(Firm/Company)	_	_
		Z E E	05
	117 E. Spring Street, 5th Floor		AUG
	(Address)	- <u> </u>	<u></u>
	(7.443.055)	-H_C	
	Nov. Alberta IN 47450	HO'H ASS 3	<b>₹</b>
	New Albany, IN 47150	語	5
	(City/State and Zip Code)	2111	2
For fu	urther information concerning this matter, please call:		
	J. Bradley Guarino-Sanders at ( 812 ) 941-8980		
	(Name of Person) (Area Code & Daytime Telephone Numb	er)	•
	STREET ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section			
	Division of Corporations Division of Corporations		
	409 E. Gaines Street P.O. Box 6327		
	Tallahassee, Florida 32399 Tallahassee, Florida 32314		
Enclo	sed is a check for the following amount:		

## 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:

Villa Rosa, LLC (Name of Foreign Limited	Liability Company)
Indiana (Jurisdiction under the law of which foreign limited liability	3. 20-2802769 (FEI number, if applicable)
company is organized)	
(Date of Organization)	5. Perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")
n/a	
(Date first transacted business in F (See sections 608.501 & 608.502 F.	lorida, if prior to registration.) S. to determine penalty liability)
117 E. Spring Street, 5th Floor	7. 0
New Albany, IN 47150	LICY E
(Street Addres	s of Principal Office)
If limited liability company is a manager-manage	
The name and usual business addresses of the ma	naging members or managers are as follows 5.5
Adele E. Guarino-Sanders, Member	
10771 Isola Bella Court	
Miromar Lakes, Florida 33913	
	O days old, duly authenticated by the official having custody of reco opy is not acceptable. If the certificate is in a foreign language, a brnitted.)
1. Nature of business or purposes to be conducted	or promoted in Florida: Real Estate Holding Company
	Jan
(In accordance with section 608.408(3),	authorized representative of a member. F.S., the execution of this document constitutes erjury that the facts stated herein are true.)

J. Bradley Guarino-Sanders, Attorney and authorized representative

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 nam	ne of the Limited Liability Company is:		
Villa Rosa, L	LC		_
2. The nam	ne and the Florida street address of the registered agent and office are:	ZS.	05
	Adele E. Guarino-Sanders	CREI	05 AUG 15
	(Name)		
	10771 Isola Bella Court	OF SO	AH 9
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	AIDA	9: 52
	Miromar Lakes FL 33913		
	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.

adell & Guaring Sand

\$ 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

## VILLA ROSA, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on May 11, 2005, and was in existence or authorized to transact business in the State of Indiana on August 11, 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 Eleventh Day of August, 2005.

TODD ROKITA, Secretary of State

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