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J. BRYAM OCT 2 7 2005

TRANSMITTAL LETTER

TO: Registration Section Division of Corpora		
SUBJECT:	SAND	Y DOLLAR, LLC
	(Name of L	Limited Liability Company)
	tence, and check are	Liability Company for Authorization to Transact Business in e submitted to register the above referenced foreign limited a
Please return all correspond	ence concerning thi	is matter to the following:
		Daniel A. Teder
	((Name of Person)
	Reilin	ng Teder & Schrier, LLC
	((Firm/Company)
	I	P. O. Box 280
		(Address)
	Lafa	ayette, IN 47902-0280
		//State and Zip Code)
For further information con-	cerning this matter,	please call:
Daniel A. Teder		at (
(Nam	e of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRES	S:	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
Enclosed is a check for the f	ollowing amount:	
□ \$125.00 Filing Fee	□ \$130.00 Filing Fee Certificate	

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	SANDY DOLLAR, LLC					
٠.	(Name of Foreign Limited Liability Company)					
2.	Indiana (Jurisdiction under the law of which foreign limited liability company is organized) 3. 20-362970 (FEI number, if applicable)					
4.	(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.	8281 KRONLOKKEN LANE, LAFAYETTE, IN 47909					
8.	(Street Address of Principal Office) 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: DAVID HOOD, 8281 KRONLOKKEN LANE, LAFAYETTE, IN 47909 R. MICHAEL O'MALLEY, 4021 ARROWWOOD CT., BONITA SPRINGS, FL 34134					
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a inslation of the certificate under oath of the translator must be submitted.)					
11	. Nature of business or purposes to be conducted or promoted in Florida: BUYING AND SELLING OF					
	REAL ESTATE					
	XD=t=					
	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.)					
	DAVID HOOD, MEMBER					
	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 of the Limited Liability Company is:

SANDY DO	DLLAR, LLC	<u> </u>
2. The name	and the Florida street address of the registered agent and office are:	1807 25 1807 25
	R. MICHAEL O'MALLEY	255 0 0 C
	(Name)	
	4021 ARROWWOOD CT.	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	- PF
	BONITA SPRINGS FT_ 34134 City/State/Zip	
	City/State/Zip	
liability compo agent and agre relating to the	amed as registered agent and to accept service of process for the above amy at the place designated in this certificate, I hereby accept the appoint to act in this capacity. I further agree to comply with the provisions of proper and complete performance of my duties, and I am familiar with a my position as registered agent as provided for in Chapter 608, Florida (Signature)	tment as registered f all statutes and accept the

\$ 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

SANDY DOLLAR, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on September 30, 2005, and was in existence or authorized to transact business in the State of Indiana on October 20, 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 Twentieth Day of October, 2005.

TODD ROKITA, Secretary of State

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