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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Page VI, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Richard D. Yovanovich, Esquire
(Name of Person)

Goodlette, Coleman & Johnson, P.A.
(Firm/Company)

4001 North Tamiami Trail, Suite 300
(Address)

Naples, Florida 34103
(City/State and Zip Code)

For further information concerning this matter, please call:

Richard D. Yovanovich at (239) 435-3535
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

Goodlette, Coleman & Johnson, P.A.

Attorneys at Law

4001 Tamiami Trail North, Suite 300

Naples, Florida 34103

FACSIMILE COVER LETTER

PLEASE DELIVER THE FOLLOWING PAGE(S) TO:

NAME: Diane Cushing

FIRM: Division of Corporations

FAX: 850-245-6030

FROM: Richard D. Yovanovich

DATE: November 16, 2005

ORIGINAL DOCUMENTS _____ WILL X INCLUDING THIS PAGE _____
WILL NOT FOLLOW BY MAIL.

MESSAGE/INSTRUCTIONS:

RE:

OUR FACSIMILE TELEPHONE NUMBER IS (239) 435-1218. IF YOU DO NOT RECEIVE
ALL PAGES OR HAVE ANY PROBLEM WITH RECEIPT, PLEASE CALL (239) 435-3535

This message is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address via the U.S. Postal Service. Thank you.

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05 NOV 16 AM 7:45
DIVISION OF CORPORATION



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 16, 2005

RICHARD D. YOVANOVICH, ESQ.
GOODLETTE COLEMAN & JOHNSON, P.A.
4001 NORTH TAMIAMI TRAIL, SUITE 300
NAPLES, FL 34103

SUBJECT: PAGE VI, LLC
Ref. Number: W05000051293

We have received your document for PAGE VI, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 705A00067856

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

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

1. Page VI, LLC
(Name of Foreign Limited Liability Company)
2. Indiana 3. 20-3690492
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. October 19, 2005 5. _____
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 333 East Ohio Street, Suite 200, Indianapolis, IN 46204
(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

333 East Ohio Street, Suite 200, Indianapolis, IN 46204

Paul Page and Paul Pittman

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: _____

Real Estate

Richard D. Yovanovich

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.)

Richard D. Yovanovich

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:

Page VI, LLC

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

Richard D. Yovanovich, Esquire

(Name)

4001 North Tamiami Trail, Suite 300

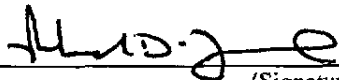
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Naples

FL 34103

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.



(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:

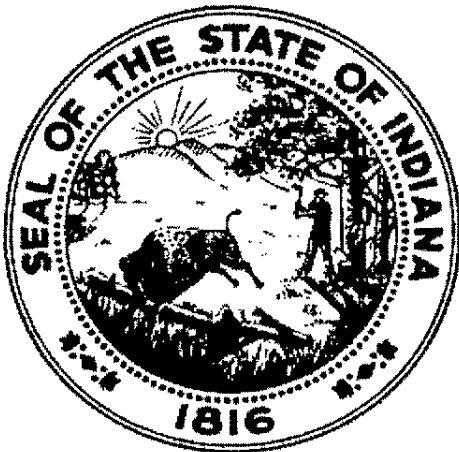
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

PAGE VI, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on October 19, 2005, and was in existence or authorized to transact business in the State of Indiana on October 28, 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 Twenty-Eighth Day of October,
2005.



TODD ROKITA, Secretary of State

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