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| Special Instructions to Filing Officer: |
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Registration Section Division of \overline{C} orporations

| SUBJECT: Auburn Bealty 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: |
| Bill Niemier (Name of Person) |
| Sandor Development Company |
| aaao N. Meridian Street (Address) |
| Indianapolis, IN. 46208 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Ann h. Crowhurst at (480) 385-1319 (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: \$\Begin{align*} \Begin{align*} \Be |

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. Auburn Beath LLC (Name of Foreign Limited Liability Company) | |
| 2 | |
| 4. 9 35 98 (Date of Organization) 5. Perperva (Duration: Year limited liability company will cease to exist or "perpetual") | |
| Onte first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | |
| 7. aaao N. Meridian Street 题等 | |
| Indianapolis, IN. 46208 (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: | |
| Jay D. Stein (Member)-5725 N. Scottsdale Rd, C-195, Scottsdale | A. |
| David N. Eskerazi (Member)-2220 N. Meridian St., Indianapolis IN. 46208 Dor, L. Eskerazi (Member)-2220 N. Meridian St., Indianapolis IN. 46208 | |
| Sandra A. Eskenazi (Member) – 2200 N. Meridian St., Indiana 2015 / W. 4620 8 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 eath of the translator must be submitted.) | |
| 11. Nature of business or purposes to be conducted or promoted in Florida: Beal Estate | |
| Purchase Isales Leasing | |
| 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.) | - |
| 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.

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| Huburr | 1 realty | | | <u> </u> | <u> </u> | |
|----------------|-------------------------|------------------------|------------------------|----------|----------|---|
| 2. The name an | d the Florida street ac | ldress of the register | ed agent and office ar | e: | | |
| | NRAI Serv | ices, Inc | · | | · . | |
| | 2731 Execut | | Drive, Suit | e 4 ESEA | 6 SEP 29 | 7 |
| | Wes | ton, FL City/State/Z | 3333 <u> </u> | EE, FLOR | AM 10: C | 7 |
| | | 01.5, 200.0, 2 | F | ==== | 1 | |

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 abligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature) melissa Janelden, assist Secy of MRATE

1. The name of the Limited Liability Company is: 1

> \$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent **Certified Copy (optional)** 30.00 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

AUBURN REALTY LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on September 25, 1998, and was in existence or authorized to transact business in the State of Indiana on September 19, 2006.

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 Nineteenth Day of September, 2006.

TODD ROKITA, Secretary of State

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