MOT 000006501

(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:					
·					

Office Use Only



200111457502

10/31/07--01037--005 **125.00

2001 OCT 31 PH 12: 22
SECRETARY OF STATE

MO1-6501

COVER LETTER

TO: Registration Section Division of Corporations	
	Development Company, LLC ed Liability Company)
	lity Company for Authorization to Transact Business in mitted to register the above referenced foreign limited
Please return all correspondence concerning this mat	ter to the following:
Leigh Ann Conaw (Name	ay e of Person)
	on Limited Partnership /Company)
600 East 96th Stree (A	t. Suite 100 Address)
Indianapolis, India	na 46240
	e and Zip Code)
For further information concerning this matter, please	e call:
George H. Abel, II	at (317) 808-6228 Mo
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
	Division of Corporations
<u>-</u>	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum{125.00 Filing Fee}\$ \$\sum{130.00 Filing Fee & Certificate of States}\$	\$155.00 Filing Fee & \$\Bigcup\$\$160.00 Filing Fee, Certificate atus Certified Copy of Status & Certified Copy

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.	AD North Port Gardens Development Compact (Name of Foreign Limited Liability Company; must include	ny, LLC e "Limited Liability Company," "L.L.C.," or "LLC.")
con		realternate name adopted for the purpose of transacting business in Florida and attach a copy of the written or managing members adopting the alternate name. The alternate name must include "Limited Liability C.") 3. Application in process law of which foreign limited liability 6. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") upon registration (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 600 East 96th Street, Suite #100 Indianapolis. IN 46240 (Street Address of Principal Office) company is a manager-managed company, check here Company is a manager-managed company is a manager are as follows is a manager and company is a
	Indiana Jurisdiction under the law of which foreign limited liability ompany is organized) 3.	· · · · · · · · · · · · · · · · · ·
4.	10-24-07	Perpetual
т,	(Date of Organization)	(Duration: Year limited liability company will cease to
6.	upon registration	
	(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. to	da, if prior to registration.) o determine penalty liability)
7.	600 East 96th Street, Suite	#100
8.	(Street Address of	Principal Office) Ompany, check here
9.		ging members or managers are as follows:
the j tran	Nature of business or purposes to be conducted or pand manage real estate. Signature of a member or an author (In accordance with section 608.408(3), F.S., an affirmation under the penalties of perjury	promoted in Florida: Develop, lease orized representative of a member. the the the certificate is in a foreign language, a sted.)
	<u>Chris Seger, Authorize</u> Typed or printed n	d Representative ame 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 Cor	npany is:					
AD North Port Gar	dens Development Company, l	LLC					
If name unavaila	able, the alternate name to	be used in the state of	of Florida is:				
2. The name an	d the Florida street addres	s of the registered ag	ent and office are:				
	C T Corporation System						
	(Name)						
	1200 South Pine Island Road						
	Florida Street Address (P.O. Box NOT ACCEPTABLE)						
	Plantation	FL	33324	2007 SEC TALL			
liability company agent and agree relating to the probligations of my	ned as registered agent and at the place designated in to act in this capacity. I further perform as registered agency position as registered agency position as registered agency when the composition is a composition of the composition of th	this certificate, I here rther agree to comply vance of my duties, an	by accept the appoin with the provisions o d I am familiar with	ntment as règistered of all statutes			
	\$ 100.0 \$ 25.0 \$ 30.0	O Designation of R	legistered Agent				

\$ 5.00 Certificate of Status (optional)

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

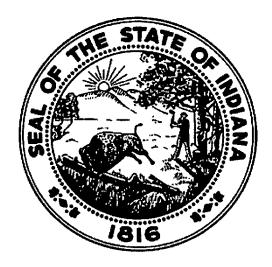
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

AD NORTH PORT GARDENS DEVELOPMENT COMPANY, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on October 24, 2007, and was in existence or authorized to transact business in the State of Indiana on October 30, 2007.

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 Thirtieth Day of October, 2007.

TODD ROKITA, Secretary of State

2007102400372 / 2007103084428