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EXAMINER



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08/10/11--01015--021 **155.00

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 **CONTACT:** TRICIA TADLOCK DATE: 08/10/11 **REF. #:** 0928.152563 CORP. NAME: 239 SOUTH POLK, LLC () ARTICLES OF DISSOLUTION () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () FICTITIOUS NAME () TRADEMARK/SERVICE MARK () ANNUAL REPORT () LIMITED LIABILITY (XX) FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () MERGER () WITHDRAWAL () REINSTATEMENT () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 540991 FOR \$ 155.00. **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$____ PLEASE RETURN:

() CERTIFICATE OF GOOD STANDING

() PLAIN STAMPED COPY

Examiner's Initials

(XX) CERTIFIED COPY

() CERTIFICATE OF STATUS

	<i>o.</i> 1
	* 250
	The state of
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION T	10 6 36 C
TRANSACT BUSINESS IN FLORIDA	- 12 W
IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FO	REIGN O
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	80
1. 239 South Polk, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the vectors of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability."	
Company," "L.L.C," "LI.C.")	,
Tadiana 3 45-2898182	
2. Indiana (Durisdiction under the law of which foreign limited liability) 3. 45-3898182 (FEI number, if applicable)	
company is organized)	
1. 7/29/1/ 5. Perpetual (Duration: Year limited liability company will cease to	
(Date of Organization) (Duration: Year limited habitaly company will cease to exist or "perpetual")	}
59/1/11	Ī
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
Indianapolis IN 46268 (Street Address of Principal Office)	
Indianapolis, IN 46268	
(Street Address of Principal Office)	
3. 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:	
Douglas R. Moore	
J	
_ 6340 La Pas Trail	-
0. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recording in the control of the control of the control of the custody of the control of the custody of the control of the custody	rds in
he jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ranslation of the certificate under oath of the translator must be submitted.)	
1. Nature of business or purposes to be conducted or promoted in Florida:	
	Í
Signature of a member or an authorized representative of a member.	ļ
(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. I am aware that any false information submitted in a	Ì
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	
Louglas R. Moore	

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 Λ REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	of the Limited Liabilit	y Compa	any is:		
	239 50	wth	Polk, LL	<u> </u>	
H unavailable	e, the alternate to be us	ed in the	state of Florida is	::	
2. The name	and the Florida street	address c	of the registered a	gent and office are	:
	NRAI Services, Inc.				
			(Name)		
	515 East Park Avenu				· · · · · · · · · · · · · · · · · · ·
	Piorida	itrect Addi	ress (P.O. Box <u>NOT</u>	ACCEPTABLE)	
	Talishassee		FL Cfty/State/Zip	32301	*************************************
			City/State/Zip		
liability comp agent and agr relating to the	named as registered agenny at the place design ree to act in this capacity proper and complete proper and complete propersition as registeres, inc. Signature) Angela Gawlin	ated in the ty. I furth performan red agent	its certificate, I her her agree to compl nce of my duties, a l as provided for in	eby accept the app y with the provision nd I am familiar wi Chapter 608, Flor	ointment as registered ns of all statutes ith and accept the
	\$ \$	100.00 25.00	•	pplication Registered Agent	
	\$	30.00	Certified Copy	(optional)	
	S	5.00	Certificate of S	tatus (optional)	

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

To Whom These Presents Come, Greetings:

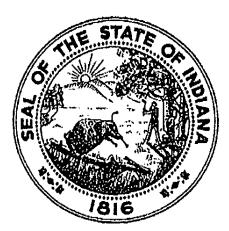
I, Charles P. White, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

239 SOUTH POLK, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on July 29, 2011, and was in existence or authorized to transact business in the State of Indiana on August 10, 2011.

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 Tenth Day of August, 2011.

Charles P. White, Secretary of State

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