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# \*KUHL & GRANT LLP. ATTORNEYS AT LAW

March 21, 2013

KUHL & GRANT LLP ATTORNEYS AT LAW

Tracy L. Damone Firm Administrator

Indianapolis, Indiana 46204

Florida Department of State Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle, Tallahassee, FL 32301

55 Monument Circle, Suite 201

Cell (540) 270-1186 Phone (317) 423-9900 Fax (317) 423-9901 tdamone@kuhlgrantlaw.com

RE: AFT St. Augustine, LLC, an Indiana limited liability company

To Whom it May Concern:

Enclosed please find a completed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida" for the above referenced Indiana limited liability company. 'Also enclosed is a check in the amount of \$125.00 which represents the filing fee associated with this application.

Should you have any questions or require anything additional, please feel free to contact our office.

Sincerely,

Tracy Damone

Firm Administrator/Paralegal

**Enclosures** 

CR2E027 (9/10)

#### **COVER LETTER**

TO: Registration Section **Division of Corporations** 

AFT St. Augustine, 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:

rease retain an correspondence c	oncerning this matter to the	ionowing.	
Charles	G. Anderso	n	
<del></del>	Na	me of Person	
AFT St.	Augustine, l	LC	
	Fii	m/Company	
981 Fo	cfire Circle		
		Address	
Carmel	, IN 46032		
	City/St	ate and Zip Code	
charkris	s17@aol.co	m	
	E-mail address: (to be used	for future annual report no	tification)
For further information concerning	g this matter, please call:		
Tracy Dam	one	31.7 <u>42</u>	3-9900
Name o	of Person Area	Code & Daytime Telephor	ne Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division Registra Clifton 2661 E:	T ADDRESS: n of Corporations ation Section Building secutive Center Circle ssee, FL 32301	
Enclosed is a check for the f	ollowing 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

### 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. AFT St. Augustine, LLC (Name of Foreign Limited Liability Company; must include			
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the alterna Company," "L.L.C.," "LLC.")			
2. Indiana 3.	46-2292692		
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)		
4. March 18, 2013 5.	Perpetual		
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")		
<sub>6.</sub> n/a			
(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to	da, if prior to registration.)	2813	
981 Foxfire Circle		NAR	TI
Carmel, IN 46032		ิ 26	F
	Principal Office)	==	$\Box$
8. If limited liability company is a manager-managed co	ompany, check here	M II: 3	
9. The name and usual business addresses of the management	ging members or managers are as follows:	<u>≃</u>	
Charles G Anderson - 981 Foxfire Ci	rcle, Carmel, IN 46032		
Kristina A. Anderson - 981 Foxfire Ci	ircle, Carmel, IN 46032		
,			
10. Attached is an original certificate of existence, no more than 90 di the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subm	is not acceptable. If the certificate is in a foreign language, a	cords in	
11. Nature of business or purposes to be conducted on			
activities for which limited liability companies may be	organized under the Indiana Business Flexibility Act		
- Houl M	W/		
	torized representative of a member.		
penalties of perjury that the facts stated herein are true.	. I am aware that any false information submitted in a		
•	a third degree felony as provided for in s.817.155, F.S.)		
Charles G. Anderson			

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.

	of the Limited Liability Company is: Augustine, LLC		_
If unavailable,	, the alternate to be used in the state of Florida is:		
2. The name a	and the Florida street address of the registered agent and offic	e are:	•
	Ronald J. Anderson	三台	2813
	(Name)		NA T
	4 Clinton Court South	ASSE TARY	1 Z6
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	T P P P S	₹ (
	Palm Coast <sub>FL</sub> 32137	ORIDA	<del>II:</del> 31
	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, Connie Lawson, 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

#### AFT ST. AUGUSTINE, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on March 18, 2013, and was in existence or authorized to transact business in the State of Indiana on March 20, 2013.

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 March, 2013.

CODILE OF THE STATE OF THE STAT

Connie Lawson, Secretary of State

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