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COVER LETTER

TO: Registration Section
Division of Corporations

RJC'S SEACREST, 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:

Susan Adinamis Michael
Name of Person
Adinamis, Michael & Saunders, P.C.
Firm/Company
500 E. 96th Street, Suite 360
Address
Indianapolis, IN 46240
City/State and Zip Code
deb@adinamis.com
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Deb Gardner

₃₁,317 \ 819-035

Name of Person

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 **STREET ADDRESS:**

Tallahassee, FL 32301

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle

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

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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE 1. RJC'S SEACREST, LLC	STATE OF FLORIDA:	
(Name of Foreign Limited Liability Company; must includ	e "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.")	e of transacting business in Florida and attach a copy of the wrate name. The alternate name must include "Limited Liability	itten
2.INDIANA 3.	46-2907007 (FEI number, if applicable)	
company is organized)		
4 5.	PERPETUAL	
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")	
_{6.} 06/17/2013	No.	2013
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)	
7. 1400 WESTFIELD CT.	i AST	ا
INDIANAPOLIS, IN 46220	H ₀	
	of Principal Office)	圣
8. If limited liability company is a manager-managed of	company, check here	07
9. The name and usual business addresses of the mana	iging members or managers are as follows:	
Steven J. Clark, 1400 Westfield	d Ct., Indianapolis, IN 46220	
Debra J. Clark, 1400 Westfield		
Debia J. Clark, 1400 Westileid	Ct., Indianapolis, IIV 40220	
10. Attached is an original certificate of existence, no more than 90	days old, duly authenticated by the official having custody of rec	ords in
the jurisdiction under the law of which it is organized. (A photocop translation of the certificate under oath of the translator must be subr		
11. Nature of business or purposes to be conducted or	real actate investment	
11. Nature of business of purposes to be conducted of	promoted in Pionda.	
121/11/11	7	
Signature of member or an aut	horized representative of a member.	
	ation of this document constitutes an affirmation under the E. I am aware that any false information submitted in a	
document to the Department of State constitutes	a third degree felony as provided for in s.817.155, F.S.)	
Steven J. Clark		

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	e of the	Limited	Liability	Company	is:
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RJC'S SEACREST, LLC

If unavailable, the alternate to be used in the state of Florida is:

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

(Name

5880 Cleveland Rd.

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

Venice

_{Ef} 34293

City/State/Zin

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

RJC'S SEACREST, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on June 03, 2013, and was in existence or authorized to transact business in the State of Indiana on June 27, 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 Twenty-Seventh Day of June, 2013.

CODE THE

Connie Lawson, Secretary of State

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