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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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☐ MAIL

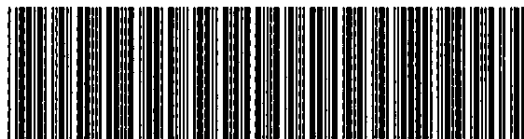
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

MAR 10 2013

T. HAMPTON

**BOSE
McKINNEY
& EVANS LLP**

ATTORNEYS AT LAW

Rebecca A. Munday, RP®

PACE Registered Paralegal

Direct Dial: (317) 684-5354

Fax: (317) 223-0354

E-Mail: RMunday@boselaw.com

February 28, 2014

CERTIFIED MAIL

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Beal Enterprises, LLC

To Whom It May Concern:

The enclosed "Application by Foreign Liability Company for Authorization to Transact Business in Florida", Certificate of Designation of Registered Agent/Registered Office, Certificate of Existence and our firm's check in the amount of \$125.00 are submitted to register the above referenced foreign limited liability company to transact business in Florida.

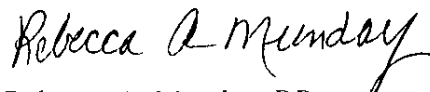
Please return all correspondence concerning this matter to the following:

Rebecca A. Munday, RP
Bose McKinney & Evans, LLP
111 Monument Circle, Suite 2700
Indianapolis, IN 46204
rmunday@boselaw.com

For further information concerning this matter, please call: Rebecca Munday, at 317-684-5354.

Thank you.

Sincerely,



Rebecca A. Munday, RP

Enclosures
2528707_1

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Beal Enterprises, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Indiana 3. n/a
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. effective upon filing
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 14509 Faucet Lane
Fishers, Indiana 46040
(Street Address of Principal Office)

6. 14509 Faucet Lane
Fishers, Indiana 46040
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Marguerite Beal, Manager, 14509 Faucet Lane, Fishers, IN 46040
Bradley Beal, Manager, 14509 Faucet Lane, Fishers, IN 46040

8. 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 oath of the translator must be submitted)

Marguerite Beal
Signature of an authorized person

(In accordance with section 605.0203, 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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Marguerite Beal
Typed or printed name of signee

FILED
2014 MAR -7 AM 10:01
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 Company is:

Beal Enterprises, 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:

Kastle Keepers, LLC

(Name)

4652 Windstarr Drive

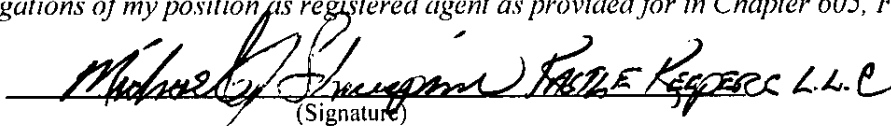
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Destin

FL 32541

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 605, 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)

FILED
2014 MAR -7 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

To Whom These Presents Come, Greetings:

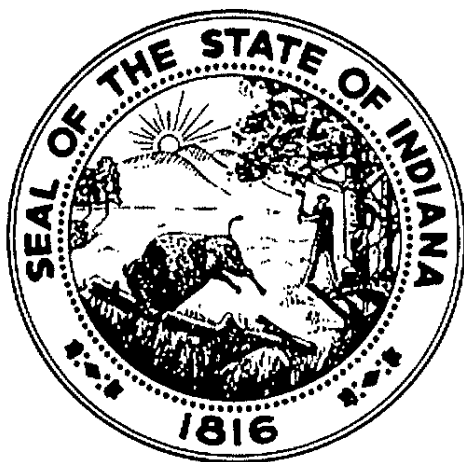
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

BEAL ENTERPRISES, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on February 19, 2014, and was in existence or authorized to transact business in the State of Indiana on February 28, 2014.

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-Eighth Day of February, 2014.

Connie Lawson

Connie Lawson, Secretary of State

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