

M14000002105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

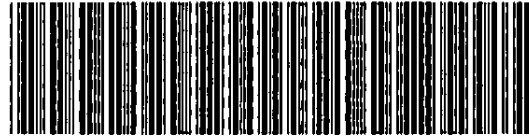
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 MAR 21 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# CROSLEY LEGAL, LLC

340 N. Rangeline Road  
Carmel, IN 46032  
T 317-815-0340  
F 317-815-9223  
crosleylegal@gmail.com

March 17, 2014

Division of Corporations, Florida Department of State  
Registration Section  
PO Box 6327  
Tallahassee, FL 32314

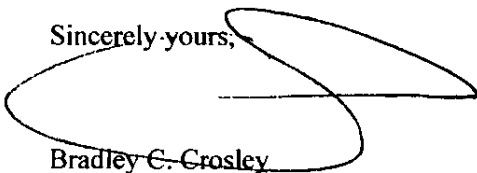
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2014 MAR 21 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

Dear Registration Section,

Enclosed please find the application to register a foreign limited liability company, and supporting documents. Please contact me if there are any issues or if any additional information or documentation is needed. If possible, please forward of copy of the certificate to this office in addition to the copy sent to the individual and location set forth on the application. I have included a prepaid envelope for that purpose.

Please let me know if you have any questions or concerns.

Sincerely yours,



Bradley C. Crosley  
Crosley Legal, LLC

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Vieste Social Infrastructure, 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:

**Don W. Currise**

Name of Person

**Vieste Social Infrastructure, LLC**

Firm/Company

**105 W. Adams St. Suite 2700**

Address

**Chicago, IL 60603**

City/State and Zip Code

**dcurrise@viestellc.com**

E-mail address: (to be used for future annual report notification)

2014 MAR 21 PM 5:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

**Don W. Currise**

Name of Contact Person

at **312** **376-3855**

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

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  
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. Vieste Social Infrastructure, 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_

(FEI number, if applicable)

4. \_\_\_\_\_

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

5. 105 W. Adams St. Suite 2700

Chicago, IL 60603

(Street Address of Principal Office)

6. 105 W. Adams St. Suite 2700

Chicago, IL 60603

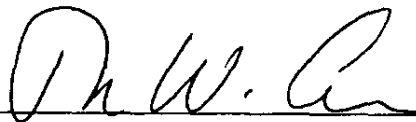
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Michael A. Comparato, Member, 105 W. Adams St., Suite 2700, Chicago, IL 60603

Don W. Currise, Member, 105 W. Adams St., Suite 2700, Chicago, IL 60603

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)



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.)

Don W. Currise

Typed or printed name of signee

2014 MAR 21 PM 5:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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**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:

**Vieste Social Infrastructure, 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:

**Don W. Currise**

(Name)

**3003 Tamiami Trail North, Suite 410**

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

**Naples**

**FL 34103**

City/State/Zip

CLERK OF STATE  
TALLAHASSEE, FLORIDA

2014 MAR 21 PM 5:00

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*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)