

M14 0000003362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

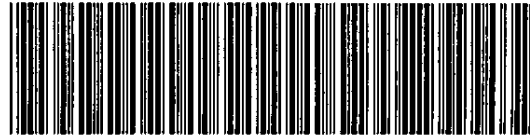
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100259798641

05/12/14--01012--018 **125.00

MAY 19 2014

T CLINE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAY 12 PM 1:16

FILED

**BEERS MALLERS
BACKS & SALIN, LLP**
ATTORNEYS AT LAW

Peter G. Mallers
e-mail: pgmallers@beersmallers.com

May 6, 2014

Florida Department of State
Division of Corporations
Registration Section
Post Office Box 6327
Tallahassee, Florida 32314

Re: McComb Realty Acquisition, LLC
Our File No. 05330-13002

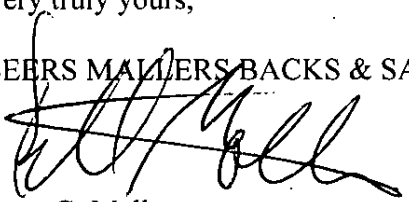
Dear Sir or Madam:

Enclosed please find the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for McComb Realty Acquisition, LLC, along with the appropriate filing fee. Please return the approved Application along with the filing fee receipt in the enclosed envelope.

Thank you for your attention to this.

Very truly yours,

BEERS MALLERS BACKS & SALIN, LLP


Peter G. Mallers

PGM/kam/20T6423
Enclosures

FILED
2014 MAY 12 PM 1:16
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MCCOMB REALTY ACQUISITION, 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:

PETER G. MALLERS, ESQ.

Name of Person

BEERS MALLERS BACKS & SALIN, LLP

Firm/Company

110 WEST BERRY STREET, SUITE 1100

Address

FORT WAYNE, INDIANA 46802

City/State and Zip Code

pgmallers@beersmallers.com

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

For further information concerning this matter, please call:

PETER G. MALLERS

Name of Contact Person

at (**260**)

Area Code

426-9706

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAY 12 PM 1:16

FILED

**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. **MCCOMB REALTY ACQUISITION, 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. **N/A**

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

5. **1140 LAKE AVENUE**

FORT WAYNE, INDIANA 46805

(Street Address of Principal Office)

6. **1140 LAKE AVENUE**

FORT WAYNE, INDIANA 46805

(Mailing Address)

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

DAVID W. MCCOMB, MANAGER

1140 LAKE AVENUE

FORT WAYNE, INDIANA 46805

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.)

DAVID W. MCCOMB

Typed or printed name of signee

FILED
2014 MAY 12 PM 1:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**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:

MCCOMB REALTY ACQUISITION, 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:

SUSAN ERICKSON

(Name)

720 BROOKER CREEK BOULEVARD - BROOKER CREEK NORTH II, UNIT 221

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

OLDSMAR

FL 34677

City/State/Zip

2014 MAY 12 PM 1:16
CLERK OF DISTRICT COURT
ALABAMA

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)

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

To Whom These Presents Come, Greetings:

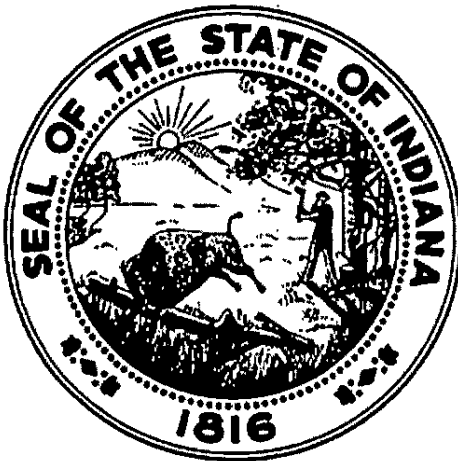
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

MCCOMB REALTY ACQUISITION, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on June 07, 2013, and was in existence or authorized to transact business in the State of Indiana on April 29, 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-Ninth Day of April, 2014.

Connie Lawson

Connie Lawson, Secretary of State

2013061000023 / 2014042918624