

M14000003961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

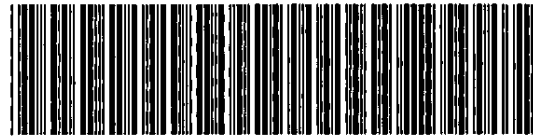
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Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

JUN - 6 2014



A Professional Corporation

ATTORNEYS AT LAW

Carol M. Adinamis
Susan Adinamis Michael*
Jeffrey A. Saunders+

500 E. 96th Street
Suite 360
Indianapolis, IN 46240

* Also licensed in Florida
+ Also licensed in Pennsylvania

(317) 218-2600
(317) 218-2601 facsimile

May 13, 2014

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

To whom it may concern:

Enclosed please find the Application by Limited Liability Company for Authorization to Transact Business in Florida along with a Certificate of Existence issued by the Indiana Secretary of State and a check in the amount of \$130.00. Please return the letter of acknowledgment and certification to our office. A pre-address envelope is also enclosed.

Thank you for your assistance.

Sincerely,

Carol M. Adinamis

CMA/dg
Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2014

CAROL M. ADINAMIS
ADINAMIS, MICHAEL & SAUNDERS, P.C.
500 E. 96TH ST, STE. 360
INDIANAPOLIS, IN 46240

SUBJECT: S&L PROPERTY MANAGEMENT, LLC
Ref. Number: W14000032911

We have received your document for S&L PROPERTY MANAGEMENT, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Enclosed is a CERTIFICATE OF DESIGNATION OF REGISTERED AGENT form for your convenience.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 114A00011354



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500 E. 96th Street
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(317) 218-2601 facsimile

June 2, 2014

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

To whom it may concern:

Enclosed please find the Application by Limited Liability Company for Authorization to Transact Business in Florida along with the Certificate of Designation of Registered Agent/Registered Office as requested pursuant to the enclosed letter. Please return the letter of acknowledgment and certification to our office. A pre-address envelope is also enclosed.

Thank you for your assistance.

Sincerely,

Carol M. Adinamis

CMA/dg
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: S& PROPERTY MANAGEMENT, 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:

Carol M. Adinamis

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:

Carol M. Adinamis

Name of Contact Person

at (**317**)

Area Code

819-0350

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. **S&L PROPERTY MANAGEMENT, 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. **46-5082039**

(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. **520 Willow Drive**

Mooresville, IN 46158

(Street Address of Principal Office)

6. **520 Willow Drive**

Mooresville, IN 46158

(Mailing Address)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE


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

Larry Clements, Managing Member

520 Willow Drive

Mooresville, IN 46158

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.)

Larry Clements

Typed or printed name of signee

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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:

S&L PROPERTY MANAGEMET, 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:

TODD GODFREY

(Name)

3266 Zoratoa Ave.

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

North Port

34286

FL

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.

Todd Godfrey
(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:

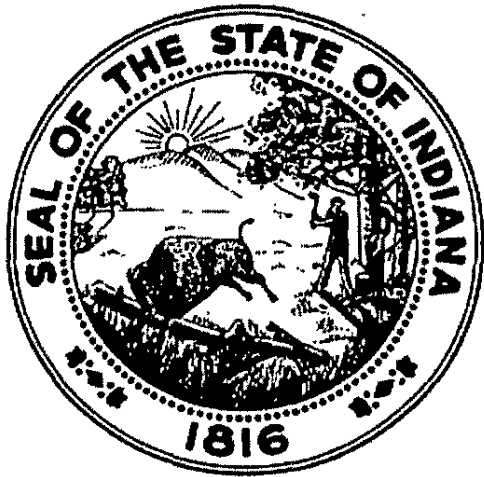
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

S&L PROPERTY MANAGEMENT, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on March 06, 2014, and was in existence or authorized to transact business in the State of Indiana on May 12, 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 Twelfth Day of May, 2014.

Connie Lawson

Connie Lawson, Secretary of State

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