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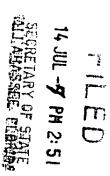
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| | Registration Section Division of Corporations | est | |
|-----------------------|--|--|-----------------------------|
| SUBJEC | CT: Main Street Realt | ty, LLC | |
| | | e of Limited Liability Company | |
| The enclose Existence | osed "Application by Foreign Limited Liab e, and check are submitted to register the at | oility Company for Authorization to Transact Business in Florida," C bove referenced foreign limited liability company to transact business | ertificate of ss in Florida |
| Please re | eturn all correspondence concerning this ma | atter to the following: | |
| | David Sapp | | |
| | | Name of Person | |
| | Main Street Rea | alty, LLC | |
| | · · · · · · · · · · · · · · · · · · · | Firm/Company | |
| | 11650 Olio Rd. | Ste. 1000-129 | |
| | | Address | |
| | Fishers, In. 460 | 37 | |
| | | City/State and Zip Code | |
| | mainstreetrealty | @gmail.com | |
| | E-mail address: | (to be used for future annual report notification) | |
| For further | er information concerning this matter, pleas | se call: | |
| | David Sapp | 317 714-7600 | |
| | Name of Contact Person | Area Code Daytime Telephone Number | |
|]] 1 | 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 | |
| | ed is a check for the following amounts \$125.00 Filing Fee \$130.00 Filing Certificate of | g Fee & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Cert | |

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| | ILLLY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: |
|---|---|
| 1. Main Street Rea | ity, LLC |
| | Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") |
| main St. | |
| (if name unavailable, enter after Liability Company," "L.L.C," o | mate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited or "LLC.") |
| _{2.} Indiana | ₃ 65-1295538 |
| | f which foreign limited liability (FEI number, if applicable) |
| 4. N/A | |
| 4. | (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) |
| . 11650 Olio | Rd. Ste. 1000-129 |
| | |
| Fishers, In. | |
| 11650 Olio | (Street Address of Principal Office) Rd. Ste. 1000-129 |
| | |
| Fishers, In. | 46037 |
| | (Mailing Address) |
| 7. The name, title or ca | spacity and address of the person(s) who has/have authority to manage is/are: |
| David Sapp | |
| | |
| 11650 Ollo R | d. Ste. 1000-129 |
| Fishers, In. 4 | 6037 |
| 8. Attached is an origina having custody of record | al certificate of existence, no more than 90 days old, duly authenticated by the official distributed in the jurisdiction under the law of which it is organized. (A photocopy is not cate is in a foreign language, a translation of the certificate under dath of the translator |
| must be submitted) | A DECEMBER OF THE PROPERTY OF |
| | |
| _ | |
| (In accordance with section 605.020 am aware that any false information | Signature of an authorized person 3, F.S., the execution of this document constitutes an affirmation under the penalties of perjury thin the facts stated therein are trusubmitted in a document to the Department of State constitutes a third degree felony as provided for it is \$1.155, F.S.) |
| | David Sapp |

Typed or printed name of signee

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:

| Main | Street | Realty, | LLC |
|------|--------|---------|-----|
|------|--------|---------|-----|

| ii unavanabie, me | antennate to be us | seu in the state of | rioriua is: | |
|-------------------|--------------------|---------------------|-------------|-----|
| main | Street | Realty | Team | 440 |

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

| David Sapp | | |
|----------------------|-------------------------------|--|
| | (Name) | |
| 439 Hyacinth C | ourt #103 | |
| Florida Street Addre | ess (P.O. Box NOT ACCEPTABLE) | |
| Altamonte Springs | FL 32714 | |
| | 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)

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

To Whom These Presents Come, Greetings:

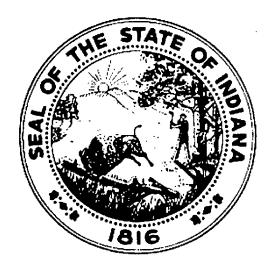
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

MAIN STREET REALTY, L.L.C.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on March 31, 2006, and was in existence or authorized to transact business in the State of Indiana on July 03, 2014.

I further certify this Domestic Limited Liability Company (LLC) has not filed its most recent report required by Indiana law with the Secretary of State 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 Third Day of July, 2014.

Corrie Zawson

Connie Lawson, Secretary of State

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