M14000008189

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Buomoso Emily Warney				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

Division of Corporations
SUBJECT: IndoAntifacts, 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:
Tina Iwill pek up
Sunshine Corporate & Filing Services, Inc. 3458 Lakeshore Drive Tallahassee, FL 32312
Firm/Company
Address
Aud 655
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: at () 508-(89 /
Name of Contact Person 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: Status Certificate Certificate



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 12, 2014

SUNSHINE CORPORAT & FILING SERVICES, INC TINA

7.74

SUBJECT: INDOARTIFACTS, L.L.C. Ref. Number: W14000068192

We have received your document for INDOARTIFACTS, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Designation of Registered Agent/Office was not enclosed.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 214A00024054

2 Submit

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABELITY COMPANY TO TRANSACT BUSINESS IN THE SCATE OF FLORIDA: I, INDOARTIFACTS, L.L.C. (Name all Foreign Limited Liability Company; must maked "Limited Hability Company," "L.L.C.," or "LLC.") (If name more bilable, cuts) abounds many adopted for the purpose of transacting husiness in Flor-da. The absences reme must include "Limited Hability Company," "LLLC," or "LLC.") 2. Delaware (Juradiction under the law of wealth involute limited liability (FEI ogupe), il applicable) country is organized) (Date ligh transactal business in Flurida, if prov to registration.) (See actions 603,0904 & 605,0905, F.S. to determine pennty flability) 60 Sixth Avenue Vero Beach FL 32692 (Sires: Adibers of Principal Office) 60 Sixth Avenue 1 Vero Beach FL 32692 (Mailing (dures) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Christy Sagalyn, CEO 3 Little Brook Road Norwalk, CT 06853 8. Atmohed is an uriginal 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 onth of the translator must be submitted) Signature of any authorisms **K**on Signature of the section \$05.000, E.S., the connection of this document confidence of function and the postular of confidence of the function of the content of the content

Christy Sagalyn

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.

If unavailable, the	alternate to be used in the	e state of Florida is:	
2. The name and	the Florida street address	of the registered agent and office are:	
1	Registered Ag	gent Solutions, Inc.	
_		(Name)	至符 211
155 Office Plaza Dr. Suite A			超量工
Florida Street Address (P.O. Box NOT ACCEPTABLE)		112 M888	
	Tallahassee	_{គា} 32301	是 是
_		City/State/Zip	ST P

Having been named us 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.

\$ 100.00 I

(Signature

Filing Fee for Application

\$ 25.00 Designation of Registered Agent.

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "INDOARTIFACTS, L.L.C." IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE TENTH DAY OF NOVEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID
"INDOARTIFACTS, L.L.C." WAS FORMED ON THE TWENTY-NINTH DAY OF
MAY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5341608 8300

141391678

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 1851369

DATE: 11-10-14

You may verify this certificate online at corp.delaware.gov/authver.shtml