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#### Florida Department of State **Division of Corporations Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

#### Foreign Limited Liability Company Willoughby Investments, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

NOV 2 4 2014

EXAMONERO14

COVER LETTER		
TO: Registration Section Division of Corporations		
SUBJECT: Willoughby Indestments LLC Name of Limited Liability Company		_
The enclosed "Application by Foreign Limited Liability Company for Authorization to Tr Existence, and check are submitted to register the above referenced foreign limited liability	ansact Business in Florida ly company to transact bus	," Certificate of iness in Florida.
Please return all correspondence concerning this matter to the following:		
Timothy 13 Willoughby		
Name of Person		
Willoughby Truestments, LLC		
3612 Mansfield Drive	24 (52)	2
Address	5-25 3-75	NOV TO
Brownsburg, Indiana 46/12 City/State and 7/p Code	7	0V 21
City/State and Zlp Code	/in-<	<u> </u>
+ willough b Q you oo, Com 6-mail address: (to be used for future annual report notific	ला क्र 	
For further information concerning this matter, please call:	allon) 교기 경기	ਨੂੰ: -
	>> 	_
Name of Contact Person Area Code Day	ytime Telephone Number	•
MAILING ADDRESS: Division of Corporations Registration Section  STREET ADDRESS: Division of Corporations Registration Section		
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount:  S125.00 Filing Fee Scentificate of Status  S155.00 Filing Fee & Certificate Of Status	S160.00 Filing Pee, C	

## 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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Wills up h by Zuusstments, LLC (Name of Foreign/Limited Liability Company; must include "Limited Liability Company," "LLC.," 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 "L.L.C.")
2. Indiano (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability (FBI number, if applicable) company is organized)
4. October 2014
4. Dofober 2014  (Date first transacted business in Florids, If prior to registration.)  (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5
3612 Mansfield Drive Brownsburg IN 46HZ = 11
(Street Addless of Principal Office)
6. ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
T GD
3612 Mausfield Drive Brownsturg, IN 46172 D. (Mailing Address)
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Timothy B Willoughby Managing Partur
3612 Mansfield Drive, Brownsturg, IN 46112
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)
- Sept Della Sept Dell
any ou o
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 penjuny that the facts stood herein are true are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a 817.135, F.S.)
Typed of printed name of signed
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.

	agaby Investments			
if unavailable, i	he alternate to be used in the state	e of Florida is:		
2. The name ar	d the Florida street address of the	e registered agent and office are:	ALCORUM ARCANIA	2814 NOV 2
	C T Corporation System		200 (S) 000 (N)	~
	(	Name)	Y 8F 1	<b>→</b>
• .	1200 South Pine Island Road		<u> </u>	က္
	Florida Street Address (	P.O. Box NOT ACCEPTABLE)		)
	Plantation	FL 33324		

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.

James M. Halpin, Assistant Secretary

By: CT Corporation System (Signifure)

\$ 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

WILLOUGHBY INVESTMENTS, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on June 26, 2006, and was in existence or authorized to transact business in the State of Indiana on November 21, 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-First Day of November, 2014

Corrie Lawson

Connie Lawson, Secretary of State

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