# M14000009060

(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:				





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12/15/14--01027--005 \*\*125.00

SECRETARY OF STATE

FILED

B. ROSTICK

DEC 1 8 2014

EXAMINER

#### **COVER LETTER**

Division of Corpora				
SUBJECT:	RKGC Proj	Octics, LLC ited Liability Company		-
		mpany for Authorization to Treerenced foreign limited liability		
Please return all corresponder	nce concerning this matter to t	he following:		
	Kimberly	Hastings Name of Person		
	RKGC	Properties L	LC	
	3260 S S	175 E	1ALC	
	Zionsville	JAJ 4607	AHASSE	
	•	State and Zip Code  \( \times \) \( \times \		, J
For further information concer	<del>-</del>	•		-
Kimberl	Hastings me of Contact Person	at (317) 30	14 - 2880 aytime Telephone Number	
MAILING ADDRE Division of Corporat Registration Section P.O. Box 6327 Tallahassee, FL 3231	ions Divis Regis Clifto 4 2661	ion of Corporations stration Section on Building Executive Center Circle thassee, FL 32301		
Enclosed is a check for the \$125.00 Filing Fed		. □ \$155,00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, C of Status & Certified	

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

	PLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING I N LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF	
1	RKGC Properties LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L	
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L	.L.C.," or "LLC.")
If name un	available, enter alternate name adopted for the purpose of transacting business in Florida. The all	ternate name must include "Limited
Liability Co	ompany," "L.L.C," or "LLC.")	
2	Incliana  ion under the law of which foreign limited liability  (FEI number,	·/·
(Jurisdict compan	y is organized) (FEI number,	ii applicaole)
4	(Det. C. et transported by gross in Elected if arise to projected in )	
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5	3260 S 975E	SEG SEG
	Zionsville, IN 46077	THAS
	(Street Address of Principal Office)	m2 5
5	Samer	ing D I
		3 OF STATE
<u></u>	(Mailing Address)	<u> </u>
7. The 1	hame, title or capacity and address of the person(s) who has/have authority Kimberly Hastings, Sule member	ty to manage is/are:
		<u> </u>
	3260 S 975 E	
	Zionsville, Int 46077	
naving cacceptab	ned is an original certificate of existence, no more than 90 days old, duly a sustody of records in the jurisdiction under the law of which it is organize le. If the certificate is in a foreign language, a translation of the certificate submitted)	d. (A photocopy is not
	Kimberly Hasting solo	rsr_
	Signature of an authorized person ce 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 tru
uu aware tha	at any false information submitted in a document to the Department of State constitutes a third degree felony	as provided for all s.o.1 / . [ 3 2 , F . 3 . ]
	Kimberly Hastings 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  RKGC Prope				
If unavailable, th	ne alternate to be used in the sta	te of Florida is:			
2. The name and	d the Florida street address of th	ne registered agent and office	e are:		
	REGISTERED AGENTS INC.			2014 C	
	(Name)			) 13-	4
	3030 N. Rocky Point Dr., STE 150A			- S	m
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			- •	D
	Tampa	33607 FL	TATE	بب 0 ا	
•		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

#### **RKGC PROPERTIES LLC**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on April 25, 2014, and was in existence or authorized to transact business in the State of Indiana on December 09, 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 scal of the State of Indiana, at the city of Indianapolis, this Ninth Day of December, 2014.

Corrie Lawson

Connie Lawson, Secretary of State

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SECRETARY OF STATE ALLAHASSEE, FLORIDA