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(Re	equestor's Name)				
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(Document Number)					
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April 8, 2015

GLENN MATTHEWS 4802 W COLONIAL DR ORLANDO, FL 32808

SUBJECT: INDBUS NA, LLC Ref. Number: W15000020767

We have received your document for INDBUS NA, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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.

Letter Number: 815A00005929

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org



K. WADE BOYETTE, JR.
KENNETH B. COSTELLO
CYNTHIA G. CRIDER
NORMAN C. CUMMINS
NANCY A. DAVITO
AILEEN R. MAZANETZ
BRIAN M. MONK
HEATH B. NAILOS
KRISTIN CUMMINS NAILOS
MELISSA F. WILLIAMS

March 5, 2015

Division of Corporations Registration Section Post office Box 6327 Tallahassee, Florida 32314

Re: Registration for INDBUS NA, LLC

Dear Sir/ Madam;

Enclosed please find the Registration Application for INDBUS NA, LLC and the required filing fee of \$160.00. Please file accordingly. If you have any questions please do not hesitate to contact our office. Thank you.

Sincerely,

Cynthia G-Crider, Esquire

Clermont Location:

1635 East Highway 50, Suite 300, Clermont, Florida 34711, Tel: (352) 394-2103 Fax: (352) 394-2105

The Villages Location:

8564 East CR 455, Suite 302, The Villages, Florida 34732, Tel: (352775-4739 Fax: (352) 775-4749

COVER LETTER

TO:	Registration Section
	Division of Corporation

SURJECT: INDBUS NA, 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:

Glenn J. Matthews				
Name of Person				
INDBUS NA, LLC				
Firm/Company				
4802 W. Colonial Drive				
Address				
Orlando, Florida 32808				
City/State and Zip Code				
gmatthews@matthewsbuses.com				
E-mail address: (to be used for future annual report notification)				

For further information concerning this matter, please call:

Cynthia Crider

352

394-2103

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:

□ \$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 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. INDBUS NA, LLC	
(Name of Foreign Limited Liability Company; must inclu	Je "Limited Liability Company," "L L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of tra Liability Company," "L.L C," or "LLC,")	insacting business in Florida. The alternate name must include "Limited
	47-3259555
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4	
(Date first transacted business in l (See sections 605,0904 & 605,0905.	lorida, if prior to registration.) F.S. to determine penalty liability)
5. 4802 W. Colonial Drive	
Orlando, Florida 32808	
•	of Principal Office)
_{6.} 4802 W. Colonial Drive	
Orlando, Florida 32808	13. S1
(Mailin	g Address)
7. The name, title or capacity and address of the person	on(s) who has/have authority to manage is/are: 25
Glenn J. Matthews, Member	25 25 25 25 25 25 25 25 25 25 25 25 25 2
Angel Antonio Castillo, R., Member	
	<u> </u>
naving custody of records in the jurisdiction under the	ore than 90 days old, duly authenticated by the official law of which it is organized. (A photocopy is not translation of the certificate under oath of the translator
	_
	Authorized person tutes an affirmation under the penalties of perjury that the facts stated herein are true, if State constitutes a third degree felony as provided for in \$.817.155, F.S.)
Glenn J. Matthews	
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 INDBUS	the Limited Liability	/ Company is:		
If unavailable, th	ne alternate to be use	d in the state of F	lorida is:	
2. The name and	d the Florida street a	ddress of the regis	stered agent and office an	e:
	K. Wade Bo	yette		
		(Name)		
	1635 E. Hw	y 50, Suite	∍ 300	
	Florida S	treet Address (P.O. B	OX NOT ACCEPTABLE)	
	Clermont	F	34711	
		City/Sta	1d/Zip	
liability company registered agent statutes relating	o at the place designal and agree to act in the to the proper and contions of my position and the total articles.	nted in this certification this capacity. I further the performance as registered agent (Signature)	ervice of process for the a ate, I hereby accept the ap ther agree to comply with the of my duties, and I am j at at provided for in Chap	ppoiniment as: the provistous of an familiar with and
			ee for Application tion of Registered Agen	t
	\$ \$		d Copy (optional) ate of Status (optional)	

State of New York Department of State } ss:

I hereby certify, that INDBUS NA, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/23/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of INDBUS NA, LLC was filed on 04/14/2015.

I further certify, that no other documents have been filed by such Limited Liability Company.



15 APR 27 PM 12: 44
SEGRETARY OF STATE
TACLARASSEE FLORIDA

3 7

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 14th day of April two thousand and fifteen.

Executive Deputy Secretary of State

Executive Deputy Secretary of State