# M5CCCCC5162

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/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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FILED SECRETARY OF STATE HVISION OF CORPORATIONS

JUL 0 2 2015

T SCHROEDER



### FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

15 JUL - I PM 2: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

June 19, 2015

KARLA BURCK 8107 HUNTERS PL INDIANAPOLIS, IN 46236

SUBJECT: SRFL, LLC

Ref. Number: W15000042551

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

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6052.

Terri J Schroeder Regulatory Specialist II

Letter Number: 815A00012945

#### **COVER LETTER**

	Registration Section Division of Corporation	ıs		
SUBJEC	T: SRFL	LLC		
		Name of I	_imited Liability Com	pany
				to Transact Business in Florida," Certificate of liability company to transact business in Florida
Please ret	urn all correspondence c	concerning this matter to the	following:	
		KARL	A BURCK	
		, Na	ame of Person	
		Fi	rm/Company	
	-	8107 HUN	TERS PL.	
		/N/O/A/N/A POLIS ; City/St	/N 44230 ate and Zip Code	<u> </u>
		BURCK 01 @ E-mail address: (to be used	for future annual rep	ort notification)
For furthe	r information concerning	g this matter, please call:		
_	KARLA BUR Name o	CK f Contact Person	at ( <u>317</u> ) Area Code	452-3729 Daytime Telephone Number
R P	MAILING ADDRESS: Division of Corporations Registration Section 2.O. Box 6327 Callahassee, FL 32314		Dir Re Cli 26	restriction of Corporations gistration Section from Building 61 Executive Center Circle Ilahassee, FL 32301
	is a check for the follow \$125.00 Filing Fee	ing amount:  ☐ \$130.00 Filing Fee &  Certificate of Status	☐ \$155.00 Filing For Certified Copy	ee & \$\Bigcup \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	Ide "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.")	ansacting business in Florida. The alternate name must include "Limited"  47 - 4249430
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
(Date first transacted business in F (See sections 605.0904 & 605.0905,	lorida, if prior to registration.) F.S. to determine penalty liability)
5. 8107 HUNTERS PL, ÎNDIANA	10018, IN 46236
(Street Address of Princip 6. 8107 HUNTERS PL, INDIANA)	POUS, IN HU236  FILECRE FILE  FILE
(Mailing Addres	SS)
7. Name and street address of Florida registered agent: (P.O. Bo	ox NOT acceptable)
Name: <u>Evert M. William</u>	<u>s</u>
Office Address: 514 55th Ave	<del></del>
St. Lete Beach	, Florida <u><b>33706</b></u> (Zip code)
this application, I hereby accept the appointment as registered with the provisions of all statutes relative to the proper and con the obligations of my position as registered agent.	f process for the above stated corporation at the place designated in agent and agree to act in this capacity. I further agree to comply inplete performance of my duties, and I am familiar with and accept gent's signature
8. The name, title or capacity and address of the person(s) who	has/have authority to manage is/are:
• • •	UNTERS PL, INDIANAPOLIS, IN 44236
	d, duly authenticated by the official having custody of records in the cate is in a foreign language, a translation of the certificate under oath
Signature of an	authorized person
(In accordance with section 605.0203, F.S., the execution of this the facts stated herein are true. I am aware that any false informa degree felony as provided for in s.817.155, F.S.)	document constitutes an affirmation under the penalties of perjury that attion submitted in a document to the Department of State constitutes a third

Typed or printed name of signee

### 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

#### SRFL, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on June 10, 2015, and was in existence or authorized to transact business in the State of Indiana on June 29, 2015.

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-Ninth Day of June, 2015.

Corne Lauren

Connie Lawson, Secretary of State

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