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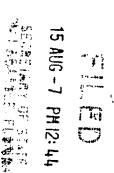
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Keep this part for your records.

CP 575 B (Rev. 1-2013)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

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Your Telephone Number Best Time to Call

DATE OF THIS NOTICE: 04-28-2015 EMPLOYER IDENTIFICATION NUMBER: 47-3803383 FORM: SS-4 NOBOD

 HE DID IT LLC STEVEN B WILLIAMS MBR 7368 E 71ST ST INDIANAPOLIS IN 46256

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: He clid it 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:
Linda Williams Name of Person
He did it LLC Firm/Company
Indianapoles In 46256 City/State and Zip Code
Hedilit Ci Cloud · Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (317) 847-0272 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc

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Indianapolis In 46256 City/State and Zip Code
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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: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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 "LLC.") (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) -11-15 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) United States Corporation Agents, Inc. Name: 13302 Winding Oak Ct, Ste A Office Address: Tampa 33612 . Florida Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Cheyenne Moseley, Assistant Secretary on behalf of United States Corporation Agents, Inc. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) (In accordance 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 true. I am aware that any false information submitted in a document to the Department of State constitutes a third

K WILLIAMS

degree felony as provided for in s.817.155, F.S.)

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

HE DID IT LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on April 17, 2015, and was in existence or authorized to transact business in the State of Indiana on June 06, 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 Sixth Day of June, 2015.

Corrie Lawson

Connie Lawson, Sccretary of State

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