

M15000007409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

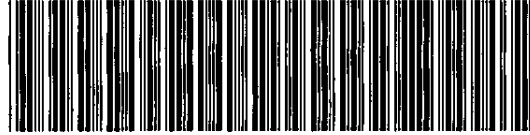
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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M15-7409

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LLC

FILED
15 SEP 09 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 17 2015
N. CAUSSEAU



Applegate Fifer Pulliam

Angi Brodfuehrer
abrodfuehrer@afpfirm.com

August 31, 2015

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee FL 32314

RE: 29036 Magnolia Holdings LLC

Dear Sir/Madam:

The law office of Applegate Fifer Pulliam LLC represents 29036 Magnolia Holdings LLC. Enclosed are the following:

1. Cover Letter
2. Application by Foreign LLC for Authorization to Transact Business in Florida
3. Certificate of Existence issued by the Indiana Secretary of State
4. Our check in the amount of \$125 for the filing fee

Please process this application at your earliest convenience. Should you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Angi Brodfuehrer

Angi Brodfuehrer
Paralegal

/amb

Enclosure: As stated

cc: client

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 29036 MAGNOLIA HOLDINGS 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:

JAMES M. JONES

Name of Person

Firm/Company

29036 MAGNOLIA LANE

Address

BIG PINE KEY FL 33043

City/State and Zip Code

jjones@brookstonefinancial.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES M. JONES

812

482-4738

at ()

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. 29036 MAGNOLIA HOLDINGS LLC
(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.")

2. INDIANA 3. 47-4906297
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 503 SPICKERT KNOB ROAD
NEW ALBANY IN 47150
(Street Address of Principal Office)

6. 503 SPICKERT KNOB ROAD
NEW ALBANY IN 47150
(Mailing Address)

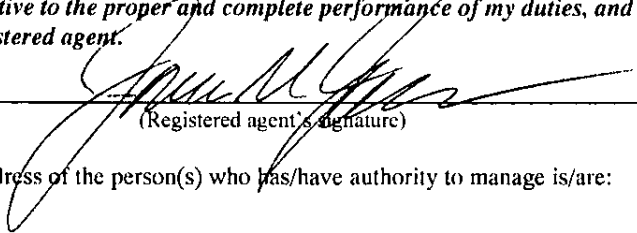
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JAMES M. JONES
Office Address: 29036 MAGNOLIA LANE
BIG PINE KEY, Florida 33043
(City) (Zip code)

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15 SEP 05 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Registered agent's acceptance:

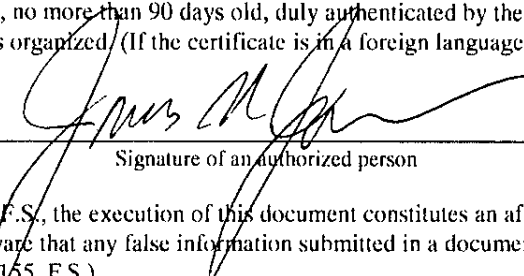
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

JAMES M. JONES, MANAGER
SETH B. STEWART, MANAGER

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)


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

JAMES M. JONES
Typed or printed name of signee

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

FILED
15 SEP 08 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greetings:

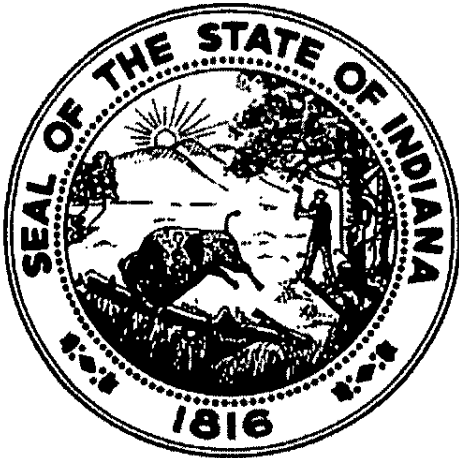
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

29036 MAGNOLIA HOLDINGS LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on August 27, 2015, and was in existence or authorized to transact business in the State of Indiana on August 31, 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 Thirty-First Day of August, 2015.

Connie Lawson

Connie Lawson, Secretary of State

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