# MILOGO BOOFIS

(Re	equestor's Name)		
(Ad	dress)		
(Ac	dress)		
(Cit	ty/State/Zip/Phone	· #)	
	CT MAKAST	MAIL	
☐ PICK-UP	MAIT	IVIAIL	
(Bı	isiness Entity Nan	ne)	
(Do	ocument Number)		
Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		
		İ	
		1	
		i	

Office Use Only



600280209436

01/04/16--01013--002 \*\*125.00

16 JAN 28 MM 8: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 01 2016 J SHIVERS



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 5, 2016

TIMOTHY CUMMINGS 4289 #3 ROYAL OAKS DR RICHMOND, NV 47374

SUBJECT: CUMMINGS PROPERTIES, LLC

Ref. Number: W16000000279

We have received your document for CUMMINGS PROPERTIES, 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):

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.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 716A00000140

# Cummings Properties, LLC 4289 Roy

4289 Royal Oaks Drive #3 Richmond, IN 47374

January 25, 2015

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Phone 765-962-1832

Document # W1600000279

Att: Justin

Here are the corporate files from the State of Indiana. Please call Bonnie at 765-220-0489 if there are any questions.

Thank You

Bonnie L Cummings

Co/Owner

#### **COVER LETTER**

Registration Section

TO:

Div	ision of Corporation	\$						
SUBJECT;	Cummings Propertie	s, LLC						
Consecti		Name of Limited Liability Company						
The enclosed Existence, m	l "Application by For nd check are submitte	eign Limited Liability Compa d to register the above referen	my for Authoriza iced foreign limit	tion to Trai ed liability	isact Business in Florida," Certificate of company to transact business in Florida			
Please return	s all correspondence c	oncerning this matter to the f	ollowing;					
	Timothy Cumn	nings						
		Na	me of Person					
	_Cun	mings Prop	verties n/Company	, LhC				
	4289 #3 Royal	Oaks Drive						
			Address					
	Richmond, IN	47374						
		City/St	ate and Zlp Code					
	teummings@nev	vereationschapel.org						
	<del></del>	E-mall address: (to be used	for future annua	report not	fication)			
For further I	nformation concernin	g this matter, please call:						
Ti	mothy Cummings		765	962-183				
	Namo c	of Contact Person	_at ( Area Codo	Day	ilme Telephone Number			
Div Ro P.C	ALLING ADDRESS: vision of Corporations gistration Section D. Box 6327 Ilahassee, FL 32314			Division Registrati Clifton B 2661 Bxe	ADDRESS: of Corporations ion Section uliding cutive Center Circle ice, FL 32301			
	a check for the follow \$125.00 Piling Fee	ring amount:  ☐ \$130.00 Filing Fce &  Certificate of Status	☐ \$155,00 Fill Certifled Copy		☐ \$160.00 Filling 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 TOTRANSACT RESINESS IN THE STATE OF IT ORDAY.

Cummings Properties, L	SINESS IN THE STATE OF FLORIDA LC gn Llinited Liability Company; mus		ahilliy Compony 11 11 1 C 11 or 11	11 CW.	_	
					_	
(If name unavailable, enter all Liability Company," "L.L.C,"	ernate name adopted for the purpose or "LLC.")	o of transacting busine	ess in Florida, The alternate name	must include "Lin	mited	
2. Indiana		3. 35-2078860		•		
(Jurisdiction under the law of company is organized)	f which foreign limited liability		(FBI number, if applicable)			
1. N/A						
	(Date first transacted busine (See sections 605.0904 & 605.	ess in Florida, if prior .0905, P.S. to determi	to registration.) ne penalty liability)			
5. 4289 #3 Royal Oaks D	rive				•	
Richmond, IN 47374				i		
4000 H0 D 1 O-1 D	(Street Address of I	Principal Office)			6	
6. 4289 #3 Royal Oaks D	1170	· · · · · · · · · · · · · · · · · · ·		놀 <sup>治</sup>	JAN	٠,
Richmond, IN 47374				S N	$\sim$	<b>(**</b> 1*).
	(Mailing	Address)		AHASSE	ထ	(Crain N
<ol><li>Name and <u>street addres</u></li></ol>	s of Florida registered agent: (P.	O. Box NOT acce	ptable)	119	3	eta pa
Name:	Timothy Cummings	V	_ <del></del>	5 i	တ္တ	F. C. C.
Office Address:	12836 Bacchus Road		<del></del>	STALE LORIDA	12	
	Port Charlotte		, Florida <u>33981</u>			
Registered agont's accept	(City)		(Zlp code)			
Having been named as reg designated in this applicat to complywith the provision	gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent.	itment as registered proper gud comple	agent and agree to act in this ite performance of my duties,	s capacity. I fur	ther ag	gree
8. The name, title or capa Jason L. Cununings, Man	olty and address of the person(s) ager	) who has/have auth	orlty to manage is/are:			
4289 #3 Royal Oaks Driv	re, Richmond, IN 47374					
9. Attached is a certificate jurisdiction under the law of the translator must be su		lays old, duly author certificate 15 in a for Confam authorized per	olgu languago, a translation of	oustady of record the certificate u	ds in th nder of	o ath
This document is executed submitted in a document to	In accordance with section 605, the Department of State constit Timethy Cummings	.0203 (1) (b), Florid intos a third degree f	ia Statilles. I am aware that any elony as provided for in s.817.	r false informatio .155, F.S.	)1t	
		printed name of signe	:6	-		

## 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

#### **CUMMINGS PROPERTIES, LLC**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on May 17, 1999, and was in existence or authorized to transact business in the State of Indiana on December 07, 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 Seventh Day of December, 2015.

Corrie Lawson

Connie Lawson, Secretary of State

1999051214 / 2015120704980