Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000133254 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES FL

Account Number: I20050000052

Fax Number

Phone : (850)656-7956 : (850)656-7953

**Enter the email address for this business entity to be used for futures annual report mailings. Enter only one email address please

Email Address:

RADIV@INCSERV.COM

Foreign Limited Liability Company ASTOR INDY LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

JUN (HJe18816

රා

Y SULKER

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

IN COMPLIANCE WITH SECTION 618.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLOREDA ASTOR INDY LLC (Nome of Foreign Limited Liability Company; must include "Limited Liability Company," L.L.C.," or "LLC.") (If name unavailable, enter atternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") DELAWARE 10 (Jurisdiction under the law of which threign limited liability company is organized) (PBI number, if applicable) (Dete first transacted business in Florida, if prior to registration.) (See sections 605.9904 & 605.0905, F.S. to determine penalty liability) 853 BROADWAY FLOOR 5 NEW YORK, NY 10003 (Street Address of Principal Office) 3500 SOUTH DUPONT HIGHWAY DOVER, DE 19901 (Maillog Address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) INCORPORATING SERVICES, LTD. Namo: 1540 GLENWAY DRIVE Office Address: Florida 32301 TALLAHASSEE (Clty) (Zip code) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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 complywith the previsions of all statutes relative to the proper and complete performance of my duting and I am familiar with and accept the obligations of any position as registered agent. , Assistant Secretary (Registered agent's signature) The name, title or capacity and address of the person(s) who has/have authority to manage is/are: LAFAYETTE HOUSING RECOVERY II LLC, MANAGER 853 BROADWAY FLOOR 5 NEW YORK, NY 10003 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having outlody 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 outh of the translator must be submitted) Significant of an authorized person This document is executed in secondance with section 605,0203 (1) (b), Florida Statutes. 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.

Typod or primed hame of signos

<u>Delaware</u>

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ASTOR INDY LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE THIRTY-FIRST DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASTOR INDY LLC"

WAS FORMED ON THE FIFTEENTH DAY OF JANUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 202406483

Date: 05-31-16