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December 1, 2016

Offices Indianapolis Washington DC San Francisco Denver Minneapolis

800 E. 96th Street Suite 175 Indianapolis, IN 46240 tel: 317 843.5959 fax:317.843.5957

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

VIA USPS

Re: Application by Foreign Limited Liability Company for Authorization to Transact Business in

Florida

Scannell Properties #288, LLC

To Whom It May Concern:

Enclosed please find the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Scannell Properties #288, LLC, an Indiana limited liability company, along with check number 029870 in the amount of \$130.00 for the filing fee and certificate of status.

Please file with your office and provide evidence of this filing to Scannell Properties 800 East 96th Street Indianapolis, IN 46240 in the self addressed, stamped envelope herein. If you have any questions or concerns please feel free to contact me at (317) 218-1664. Thank you.

Sincerely,

Backi Neibarger

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Sc	annell Pro	perties #288, LLC Name of L	imited Liability (Company		
The enclosed "App Existence, and chec	lication by Fore k are submitted	ign Limited Liability Compa to register the above referen	any for Authoriza aced foreign limit	tion to Trai ed liability	nsact Business in Florida," company to transact busin	Certificate of less in Florida
Please return all con	rrespondence co	ncerning this matter to the f	ollowing:			
F	Becki Neibarger					
		Na	me of Person	-		
S	Scannell Propert	ies			t	
		Fir	m/Company			
8	300 East 96th St	reet, Suite 175				
_	· · · · · · · · · · · · · · · · · · ·		Address			
1	ndianapolis, IN	46240				
•		City/Sta	ate and Zip Code	· · · ·		
be	ckin@scannellp	roperties.com				
		E-mail address: (to be used	for future annual	report noti	fication)	
For further information	tion concerning	this matter, please call:				
Becki Nei	barger		317	218-166		
	Name of	Contact Person	Area Code	Dayt	ime Telephone Number	
Division o Registration P.O. Box 6				Division of Registration But 2661 Execution But 266	ADDRESS: of Corporations on Section oilding cutive Center Circle ee, FL 32301	
Enclosed is a check ☐ \$125.00		ng amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop	

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	1. Scannell Properties #28			11 - 11 - 1 N
And the provisions of all stateter relative to the proper and complete performance of my duties, and I am familiar with a complete the provisions of my position and agent and to accept service of process for the above stated limited liability company at the place testignated in this capacity. I further agree complying the provisions of my position are registered agent as registered agent and complete performance of my duties, and I am familiar with a recept the obligations of my position are registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Robert J. Scannell, Manager, 800 East 96th Street, Suite 175, Indianapolis, IN 46240 Douglas L. Snyder, Manager, 800 East 96th Street, Suite 175, Indianapolis, IN 46240 Douglas L. Snyder in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information authomitted in a document to the Department of State constitutes a third degree feliony as provided for in s.817.155, F.S. Douglas L. Snyder This document is executed in accordance with section 650.0203 (1) (b), Florida Statutes. I am aware that any false information authomitted in a document to the Department of State constitutes a third degree feliony as provided for in s.817.155, F.S. Douglas L. Snyder	(Name of Fore	ign Elmited Liability Company; must include "L	imited Liability Company," "L.L.C.	," or "LLC.")
(Bursdiction under the your which foreign immed inability (FEI aumber, it applicable) company is organized) November 30, 2016 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 800 East 96th Street, Suite 175 Indianapolis, IN 46240 (Street Address of Frincipal Office) (Mailing Address) Name: Office Address: Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Tallahassee	Liability Company," "L.L.C,"		ng business in Florida. The alternat	e name must include "Limited
(Bursdiction under the your which foreign immed inability (FEI aumber, it applicable) company is organized) November 30, 2016 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 800 East 96th Street, Suite 175 Indianapolis, IN 46240 (Street Address of Frincipal Office) (Mailing Address) Name: Office Address: Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Tallahassee	, Indiana	3 81-3	3815478	
(City) 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 testignated in this application, of my position as registered agent. Locatific the applications of my position as registered agent. South and street address of Florida registered agent (P.O. Box NOT acceptable) Name: Office Address: (City) 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 testignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complying the provisions of all statutes relative to the proper and complete performance of my duttles, and I am familiar with a recept the obligations of my position as registered agent. Los N: Ce - A 5 5 1. Scanberty (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Robert J. Scannetl, Manager, 800 East 96th Street, Suite 175, Indianapolis, IN 46240 Douglas L. Snyder, Manager, 800 East 96th Street, Suite 175, Indianapolis, IN 46240 Douglas L. Snyder is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the urisdiction 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 afautionizad person This document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Douglas L. Snyder	(Jurisdiction under the law (company is organized)		(FEI number, if applic	able)
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			of signee	

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

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 the proper official to execute this certificate.

I further certify that records of this office disclose that

SCANNELL PROPERTIES #288, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on November 29, 2016, and was in existence or authorized to transact business in the State of Indiana on December 01, 2016.

I further certifiy this Domestic Limited Liability Company 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 caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 01, 2016

Corrie Zamson

CONNIE LAWSON
SECRETARY OF STATE

201611291168707 / 2016162247

Verify this certificate:https://bsd.sos.in.gov/ValidateCertificate