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INDIGO BEDS, LLC

TYPE OF FILING: APPLICATION

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE COOLE FOR

3	IN FLORII	DA	
	TION 605.0902, FLORIDA STATUTES, THE FOLLO ISINESS IN THE STATE OF FLORIDA:	WING IS SUBMITTED TO REGISTER A FOR	REIGN LIMITED LIABILITY
1	Indigo Beds, LL	С	
(Name of Fore	ign Limited Liability Company; must include "Lin	nited Liability Company," "L.L.C.," or "LL	.C.")
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpose of transacting or "LLC.")	g business in Florida. The alternate name m	ust include "Limited
<i>)</i>	laware 3	(FEI number, if applicable)	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4	(Date first transacted business in Florida, i (See sections 605.0904 & 605.0905, F.S. to	f prior to registration.) determine penalty liability)	
5	111 2nd Ave. NE, Suite 900, St. Petersburg,	FL 33701	
(Street Address of Principal Office)			- -
6			· · · · · · · · · · · · · · · · · · ·
	(Mailing Address)		ω by π
7 Name and street address	s of Florida registered agent: (P.O. Box NO)	C aggentable)	
	Corporation Service Company	_acceptable)	တ
Name:		<u> </u>	8.3
Office Address:	1201 Hays Street	····-	
	Tallahassee	, Florida 32301 (Zip code)	
Registered agent's accept		(Zip code)	
Having been named as reg designated in this applican to complywith the provision	gistered agent and to accept service of proces tion, I hereby accept the appointment as regi. Ons of all statutes relative to the proper and c	stered agent and agree to act in this ca	apacity. I further agree
	(Registered agent's si	gnature)	
8. The name, title or capa	city and address of the person(s) who has/hav	e authority to manage is/are;	
	David Funk, Managing Memb	per	
	111 2nd Ave. NE, Suite 900, St. Petersbi	org, FL 33701	
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 days old, duly a of which it is organized. (If the certificate is in bmitted) Signature of an authorize	authenticated by the official having cust a foreign language, a translation of the	ody of records in the certificate under oath
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), I the Department of State constitutes a third department of State constitutes a start department of State constitutes as the Depa	gree felony as provided for in s.817.155	se information is, F.S.
	David Funk, Managis Typed or printed name of		
	Appea or brance name of	a Brice	

Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "INDIGO BEDS, 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 TWELFTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INDIGO BEDS, LLC" WAS FORMED ON THE ELEVENTH DAY OF JANUARY, A.D. 2017.

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

THE STATE OF THE S

Authentication: 201863693

Date: 01-12-17