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PLEASE REPLY TO: JACKSONVILLE OFFICE

www.fishertousey.com

FISHER, TOUSEY, LEAS & BALL

January 20, 2017

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

Re:

Application by Foreign Limited Liability Company for Authorization to Transact

Business in Florida

To Whom It May Concern:

Enclosed please find an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Southern & Madison, LLC, in duplicate, along with a Good Standing Certificate obtained from the State of Delaware. Also enclosed is a check made payable to the Florida Secretary of State for \$125.00 which represents the required fee.

Please return a confirmed copy of the Application to me in the provided envelope.

If you have any additional questions, please contact me at (904) 356-2600 ext. 340.

Sincerely,

Traci L. Venable

Paralegal

Enclosures 688544

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:

1. Southern & Madison L	LC				
(Name of Fore	ign Limited Liability Comp	nany; must includ	de "Limited Liabi	lity Company," "L.L.C.," or ".	LLC.")
If name unavailable, enter al- Liability Company," "L.L.C,"		e purpose of tran	nsacting business	in Florida. The alternate name	: must include "Limited
2. Indiana		3.	35-2106714		
(Jurisdiction under the law company is organized)	of which foreign limited lia			(FEI number, if applicable)	
ł					
	(Date first transact (See sections 605.090	ed business in Fl)4 & 605.0905, F	orida, if prior to r F.S. to determine i	egistration.) penalty liability)	
5. 4320 Deerwood Lake I	Parkway, Suite 101				
Jacksonville, Florida 32	2216				
	(Street Ad	dress of Principa	al Office)		
6. 4320 Deerwood Lake P	arkway, Suite 101				
Jacksonville, Florida 32	2216				
(Mailing Address)					
7. Name and street addres	s of Florida registered ag	gent: (P.O. Box	x NOT acceptal	ble)	
Name:	Fisher, Tousey, Leas &	Ball, P.A.			
Office Address:	501 Riverside Avenue,	501 Riverside Avenue, Suite 600			
Jac	Jacksonville			, Florida 32202	
Registered agent's accep		(City)		(Zip code)	
designated in this applica	tion, I hereby accept the ons of all statutes relativ	appointment of the proper diagent. Win (as registered ag	above stated limited liabile ent and agree to act in this performance of my duties,	capacity. I further agree
8. The name, title or capa	acity and address of the p	erson(s) who h	as/have authori	ty to manage is/arc:	55 5
Richard W. Buck - Manag	ger l	Maura Buck - N	Manager		
4320 Deerwood Lake Par	kway, Suite 101	1159 Fundy Ro	oad		,
Jacksonville, Florida 322	16	Venice, Florida	a 34293		
	of which it is organized.			ated by the official having c n language, a translation of	
	- yu	Signature of an a	uthorized person		

This document is executed in accordance 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.

Richard W. Buck, as Manager

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

SOUTHERN & MADISON LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on April 24, 2000, and was in existence or authorized to transact business in the State of Indiana on January 19, 2017.

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, January 19, 2017

Corrie Zamon

CONNIE LAWSON
SECRETARY OF STATE

2000042500086 / 2017198632 Verify this certificate:https://bsd.sos.in.gov/ValidateCertificate