

2/23/2017

Division of Corporations

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 tax audit number (shown below) on the top and bottom of all pages of the document.**

(((H17000051997 3)))



H170000519973ABC6

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)288-0845

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

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
CREA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$763.75

PLEASE HONOR ORIGINAL FILING DATE OF 2/23/2017

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850-817-8381

2/24/2017 10:01:21 AM PAGE 1/001 Fax Server



February 24, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

C T CORPORATION

SUBJECT: CREA, LLC, A LIMITED LIABILITY COMPANY OF INDIANA  
REF: W17000016247

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The alternate name you choose is a description of the name CREA, LLC. Please choose another alternate name.

If you have any further questions concerning your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II  
Registration Section

FAX Aud. #: H17000051997  
Letter Number: 517A00003620

RECEIVED  
2017 MAR -6 AM 10:28  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. CREA, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

CREA Indiana, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Indiana

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 35-2131181

(FEI number, if applicable)

4. 6.27.2016

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 30 South Meridian, Suite 400, Indianapolis, IN 46204

(Street Address of Principal Office)

6. 30 South Meridian, Suite 400, Indianapolis, IN 46204

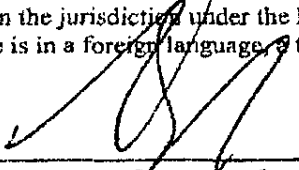
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Roger Shank, EVP & CFO

30 South Meridian Street, Suite 400, Indianapolis, IN 46204

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

  
\_\_\_\_\_  
Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Roger Shank

Typed or printed name of signee

FILED  
2017 FEB 23 A 9:07  
SECRETARY OF STATE  
FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

CREA, LLC

If unavailable, the alternate to be used in the state of Florida is:

CREA Indiana, LLC

2. The name and the Florida street address of the registered agent and office are:

NRAI Services, Inc.

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

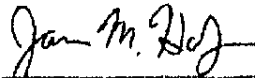
FL 33324

City/State/Zip

*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 certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.*

By: NRAI Services, Inc.

(Signature)



James M. Halpin  
Assistant Secretary

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 FEB 23 A 9:07

FILED

**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

**CREA, LLC**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on February 12, 2001, and was in existence or authorized to transact business in the State of Indiana on February 16, 2017.

I further certify 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, February 16, 2017

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

2001021300028 / 2017224876

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