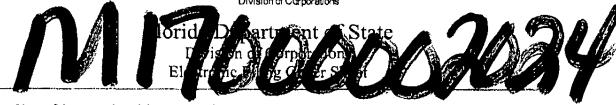
Division of Corporations



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.

(((H17000065017 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 : HAHN LOESER + PARKS LLP

Account Number : I20050000053

Phone : (216)621-0150 Fax Number : (216)241-2824

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

Foreign Limited Liability Company Neubauer Enterprises, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help MAR 10 2017 3/9/2017 9:48:50 AM Gretchen M. Nine-Bunnell

2162742417 Page 3

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

IN COMPLIANCE WITH SECTION 603,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	alga Limited Liability Company; must include "Li	mited Liability Company," "L.L.C.," c	x "LLC.")	
ability Company," "L.L.C,	iternate name adopted for the purpose of transacting or "LLC.")	ng business in Florida. The alternate m	ame must include "Lin	nited
Indiana	3			_
Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	c)	-
	(Date first transacted business in Florids.	if notor to registration.)		
12090 Hidden Links D	(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to	determine penalty liability)		
Fort Myers, FL 33913				
	(Street Address of Principal Offi	ce)		
12090 Hidden Links D	rive	•	7A 2	
Fort Myers, FL 33913		·	281	-
FOR Myers, FL 33913	(Mailing Address)		- <u>₹</u>	and ware
			G(x) = 1	-
Name and street addre	gs of Florida registered agent: (P.O. Box NO	<u>Tacoeptable)</u>		-
Name:	HL Statutory Agent, Inc.		\neg	<u>.</u>
Office Address:	5811 Pelican Bay Boulevard, Suite 650			\.
	Naples	, Florida 34108	5	
		, * 'O' 'O'		
egistered agent's accep	tance:	(=.p *****)		
aving been named as resignated in this application complywith the provision.	stance: sgistered agent and to accept service of procusion, I hereby accept the appointment as regions of all statutes relative to the proper and my position as registered agent. By: HI Statutory Agent, Inc.	ess for the above stated limited lia sistered agent and agree to act in complete performance of my duti	this capacity. I furt	her ag
aving been named as resignated in this application complywith the provision.	stance: sgistered agent and to accept service of procusion, I hereby accept the appointment as regions of all statutes relative to the proper and my position as registered agent. By: HI Statutory Agent, Inc.	ess for the above stated limited lia sistered agent and agree to act in complete performance of my duti	this capacity. I furt	her ag
aving been named as r ssignated in this applica complywith the provisi scept the obligations of	stance: ogistered agent and to accept service of proc stion, I hereby accept the appointment as reg lons of all statutes relative to the proper and my position as registered agent.	ess for the above stated limited lia sistered agent and agree to act in complete performance of my duti signature)	this capacity. I furt	her as
aving been named as risignated in this applica complywith the provisi ccept the obligations of . The name, title or cap	stance: significant and to accept service of procusion, I hereby accept the appointment as regions of all statutes relative to the proper and my position as registered agent. By: TIMOTHY T. MCEL Geginered agent's ASST. FREAS.	ess for the above stated limited lia sistered agent and agree to act in complete performance of my duti signature)	this capacity. I furt	her ag
aving been named as risignated in this applica complywith the provisi ccept the obligations of . The name, title or cap	stance: ngistered agent and to accept service of procusion, I hereby accept the appointment as regions of all statutes relative to the proper and my position as registered agent. By: TIMOTHY T. MCLE Geginered agent's ASST. FREAS. acity and address of the person(s) who has/ha	ess for the above stated limited lia sistered agent and agree to act in complete performance of my duti signature)	this capacity. I furt	her as
aving been named as risignated in this application this applications of complywith the provision of the name, title or capilliott Neubauer, Member Attached is a certificate risdiction under the law	estance: Ingistered agent and to accept service of procession, I hereby accept the appointment as regions of all statutes relative to the proper and my position as registered agent. By: TIMOTHY IT. MCC. (Beginned agent's ASST. TREAS. acity and address of the person(s) who has/has, 12090 Hidden Links Drive, Fort Myers, Fl. c of existence, no more than 90 days old, duly of which it is organized. (If the certificate is submitted)	ess for the above stated limited lia- gistered agent and agree to act in complete performance of my duti signature) we authority to manage is/arc; .33913 authenticated by the official havir in a foreign language, a translation	this capacity. I furifies, and I am familia	her as ar will s in th
aving been named as resignated in this application this applications of complywith the provision of the obligations of the name, title or capilliott Neubauer, Member Attached is a certificate risdiction under the law of the translator must be a ship document is execute	estance: registered agent and to accept service of procession, I hereby accept the appointment as regions of all statutes relative to the proper and my position as registered agent. By: TIMOTHY T. MCEL Geginered agent's ASST. FREAS. acity and address of the person(s) who has/has, 12090 Hidden Links Drive, Fort Myers, FI	ess for the above stated limited lia- sistered agent and agree to act in complete performance of my duti signature) we authority to manage is/are; authenticated by the official havir in a foreign language, a translation ized person Florida Statutes. I am aware that	this capacity. I furifies, and I am familia	her ag ar will der og

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



duly filed the requisite documents to commence business activities under the laws of the State of Indiana on September 26, 2000, and was in existence or authorized to transact business in the State of Indiana on March 02, 2017.

I further certifly 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 withdrawai, 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, March 02, 2017

Corrie Lauren

CONNIE LAWSON
SECRETARY OF STATE

2000092702513 / 2017241226

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