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Account Number: FCA0000000023 Phone

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## Foreign Limited Liability Company GLICK LAUDERDALE LAKES, LLC

Certificate of Status	0
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K. SALY MAR 23 2017

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

IN COMPLIANCE WITH SEC COMPANY TO TRANSACT BU			ING IS SUBMITTED TO REGISTER A	FORFICIN TIMITED LIABILITY
, Glick Lauderdale Lake				
(Name of Fore	ign Limited Liability Co	ompany; must include "Limit	ed Liability Company, ""L.L.C.," o	("IAC.")
(If name unavailable, enter al Liability Company," "L.L.C,		or the purpose of transacting t	ousiness in Florida. The alternate na	me must include "Limited
2. Indiana	or EEC. 7	2 82-079	4368	
(Jurisdiction under the law company is organized)	of which foreign limited	l liability	(Fill number, if applicable	
4. <u>n/a</u>				
	(Date first trans (See sections 605.	acted business in Florida, if p 0904 & 605.0905, F.S. to de	prior to registration.) termine penalty liability)	三声 下
5. 8801 River Crossing B	Ivd., Suite 200			工程 美二
Indianapolis, IN 4624				2011 HAR 22
000000000000000000000000000000000000000		Address of Principal Office)		79 B
6. 8801 River Crossing B	lvd., Suite 200	· · · · · · · · · · · · · · · · · · ·		- <u>70</u> <b>0</b>
Indianapolis, IN 4624	0 -			- F. C. 1.6
		(Mailing Address)		_
7. Name and street addres	s of Florida registered	agent: (P.O. Box NOT)	acceptable)	
Name:	CT Corporation Sy	stem	<u> </u>	
Office Address:	1200 South Pine Isl	and Road	M direkardurit darabitikk	
	Plantation		Florida 33324	
		(City)	, Florida 33324 (Zip code)	-
designated in this applica	gistered agent and to tion, I hereby accept ons of all statutes rela	the appointment as registative to the proper and con	for the above stated limited liab ered agent and agree to act in the implete performance of my dutte nes M. Halpin sistant Secretary	iis capacity. I further agree
8. The name, title or capa	icity and address of th	e person(s) who has/have	authority to manage is/are:	
David O. Barrett, Manage	a'			
8801 River Crossing Blvd	l., Suite 200			
Indianapolis, IN 46240				
jurisdiction under the law of the translator must be st	of which it is organize whited)	Signature of an authorized		of the certificate under oath
This document is executed submitted in a document to	the Department of St	ection 605.0203 (1) (b), Flate constitutes a third degr	orida Statutes. I am aware that an ee felony as provided for in s.81	ry false information 7.155, F.S.
	David O. Barrett		#	, s ad
		Typed or printed name of s	ionee	

## 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

## GLICK LAUDERDALE LAKES, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on March 14, 2017, and was in existence of authorized to transact business in the State of Indiana on March 22, 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 ver required to file such report, and that no notice of withdrawal, dissolution, the 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 22, 2017

Corrie Lamon

CONNIE LAWSON
SECRETARY OF STATE

201703141185709 / 2017259764 Verify this certificate:https://bsd.sos.in.gov/ValidateCertificate