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(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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CARINA M. DE LA TORRE ADRIANA M. DE LA TORRE* (*LICENSED IN ILLINOIS)

June 2, 2017

<u>VIA CERTIFIED MAIL</u> (Tracking No. 7016 1970 0000 5418 9086) <u>RETURN RECEIPT REQUESTED</u> (Tracking No. 9590 9402 2070 6132 3560 09)

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

RE: Registration of Foreign Limited Liability Company

Dear Sir or Madam:

Enclosed please find a completed Cover Letter, Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, a Certificate of Existence from the Indiana Secretary of State, for registration of The de la Torre Law Office LLC, an Indiana limited liability company, to transact business in Florida.

Also enclosed please find Check No. 1793 in the amount of \$160.00, for the filing fee, a Certificate of Status, and a certified copy.

Thank you for your prompt attention to this matter. If you have any questions or need any additional information or documents to process this request, please do not hesitate to contact me.

Sincerely,

Carina de la Torre

Enclosures

COVER LETTER

TO:

Registration Section
Division of Corporations

URIFICE. The de la Torre Law Office LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida...

Please return all correspondence concerning this matter to the following:

Carina M. de la Torre

Name of Person

The de la Torre Law Office LLC

Firm/Company

230 East Ohio Street, Suite 200

Address

Indianapolis, IN 46204

City/State and Zip Code

carina@dltlawoffice.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carina de la Torre

.317

353-3824

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLEMEE WITH SECTION (05,0002, FLORIDA SETTUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE SECTEOF FLORIDA;

	ame adopted for the purpose of transacting business in F		Liability Company," "L.L.C," or "El.C.")
2. Indiana		3. <u>27-4681322</u>	
(Jurisda Fou under the law of w	hich (breign limited leability company is organized)	(P)() (number, it applicable)
4. Not Applicable	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605,0905, F.S. to deter	o registration]	
5. 230 East Ohio Str	reet	6. 230 East Ohio Stre	
Suite 200	The grant of the state of the s	Suite 200	(Manufact)
Indianapolis, IN 46204		Indianapolis, IN 46	204 ≥ % =
			F-57
7. Name and street address	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	FIL JUN -5 WETANY AHASSE
Name:	Incorp Services, Inc.		C17
Office Address:	17888 67th Court North		
	Loxahatchee	, Florida 33470	ين ي LORSTA:
Registered agent's accept	(City)	(X:p	
	ions of all statutes relative to the proposes of my position as registered agent.	er and complete performance of t	ny duties, and I am familiar with
and accept the obligation	s of my position as registered agent. Jana Vauge (Registred agent	Tana Vaughn on beh	alf of InCorp Services, Inc.
and accept the obligation	s of my position as registered agent.	Tana Vaughn on beh	alf of InCorp Services, Inc.
and accept the obligation 8. The name, title or cap:	s of my position as registered agent. Our a Value Microsoft	Tana Vaughn on beh	alf of InCorp Services, Inc.
 and accept the obligation 8. The name, title or cap. Title or Capacity: 	acity and address of the person(s) who Name and Address: Carina de la Torre 230 East Ohio Street, Suite 200	Tana Vaughn on beh	alf of InCorp Services, Inc.
 and accept the obligation 8. The name, title or cap. Title or Capacity: 	acity and address of the person(s) who Name and Address: Carina de la Torre	Tana Vaughn on beh	alf of InCorp Services, Inc.
8. The name, title or caparity: Member	acity and address of the person(s) who Name and Address: Carina de la Torre 230 East Ohio Street, Suite 200 Indianapoles, IN 45204	Tana Vaughn on beh	alf of InCorp Services, Inc.
 and accept the obligation 8. The name, title or cap. Title or Capacity: 	acity and address of the person(s) who Name and Address: Carina de la Torre 230 East Ohio Street, Suite 200	Tana Vaughn on beh	alf of InCorp Services, Inc.
8. The name, title or caparity: Member	acity and address of the person(s) who Name and Address: Carina de la Torre 210 East Ohio Street, Suite 200 Indianapoles, IN 45204 Adriana de la Torre	Tana Vaughn on beh	alf of InCorp Services, Inc.
8. The name, title or caparity: Member	acity and address of the person(s) who Name and Address: Carina de la Torre 230 East Ohio Street, Suite 200 Indianapolis, IN 45204 Addriana de la Torre 230 East Ohio Street Suite 200 Indianapolis, IN 46204	Tana Vaughn on beh	alf of InCorp Services, Inc.
8. The name, title or cap. Title or Capacity: Member Member (Use attachments if necess 9. Attached is a certificate	acity and address of the person(s) who Name and Address: Carina de la Torre 230 East Ohio Street Suite 200 Indianapolis, IN 46204 Adriana de la Torre 230 East Ohio Street Suite 200 Indianapolis, IN 46204 ssary) of existence, no more than 90 days old of which it is organized. (If the certific ubmitted)	Tana Vaughn on beh 's signature) has/have authority to manage is/an Title or Canacity: I, duly authenticated by the officia ate is in a foreign language, a trans	elf of InCorp Services, Inc. Name and Address:
8. The name, title or cap. Title or Capacity: Member Member (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s	acity and address of the person(s) who Name and Address: Carina de la Torre 230 East Ohio Street Suite 200 Indianapolis, IN 46204 Adriana de la Torre 230 East Ohio Street Suite 200 Indianapolis, IN 46204 ssary) of existence, no more than 90 days old of which it is organized. (If the certific ubmitted)	Tana Vaughn on beh signature) has/have authority to manage is/an Title or Capacity: I, duly authenticated by the officia ate is in a foreign language, a trans	e: Name and Address: I having custody of records in the station of the certificate under oath

Typed or printed name of signee

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.

THE DE LA TORRE LAW OFFICE LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on January 28, 2011, and was in existence or authorized to transact business in the State of Indiana on May 31, 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, May 31, 2017

Corrie Lamon

CONNIE LAWSON
SECRETARY OF STATE

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