

M1700000 6514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

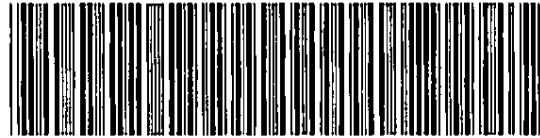
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 JUL 31 AM 11:10
TALLAHASSEE FL 62007

Aug 02 2017
J. HARRIS



December 1, 2016

8801 River Crossing Blvd
Suite 300
Indianapolis, IN 46240
tel: 317.843.5959
fax: 317.843.5957

Charlotte
Chicago
Denver
Kansas City
Minneapolis
San Francisco
Washington DC

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

VIA USPS

Re: Application by Foreign Limited Liability Company for Authorization to Transact Business in
Florida
Scannell Properties #308, LLC

To Whom It May Concern:

Enclosed please find the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Scannell Properties #308, LLC, an Indiana limited liability company, along with check number 034323 in the amount of \$130.00 for the filing fee and certificate of status.

Please file with your office and provide evidence of this filing to Scannell Properties 8801 River Crossing Boulevard, Suite 300 Indianapolis, IN 46240 in the self addressed, stamped envelope herein. If you have any questions or concerns please feel free to contact me at (317) 218-1664. Thank you.

Sincerely,

Becki Neibarger
Paralegal

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Scannell Properties #308, 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:

Becki Neibarger

Name of Person

Scannell Properties

Firm/Company

8801 River Crossing Boulevard, Suite 300

Address

Indianapolis, IN 46240

City/State and Zip Code

beckin@scannellproperties.com

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

For further information concerning this matter, please call:

Becki Neibarger

317
at ()

218-1664

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 AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

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

1. Scannell Properties #308, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 07/21/2017
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

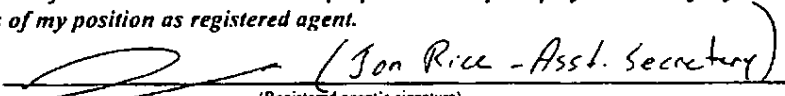
5. 8801 River Crossing Boulevard 6. 8801 River Crossing Boulevard
(Street Address of Principal Office) (Mailing Address)
Suite 300 Suite 300
Indianapolis, IN 46240 Indianapolis, IN 46240

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Cogency Global Inc.
Office Address: 115 North Calhoun Street, Suite 4
Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

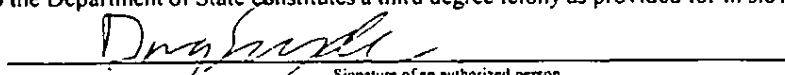
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
Manager	<u>Robert J. Scannell</u> <u>8801 River Xing Blvd Ste 300</u> <u>Indianapolis, IN 46240</u>		
Manager	<u>Douglas L. Snyder</u> <u>8801 River Xing Blvd Ste 300</u> <u>Indianapolis, IN 46240</u>		

(Use attachments if necessary)

9. Attached is a certificate of existence, not 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.


Signature of an authorized person

Douglas L. Snyder
Typed or printed name of signee

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

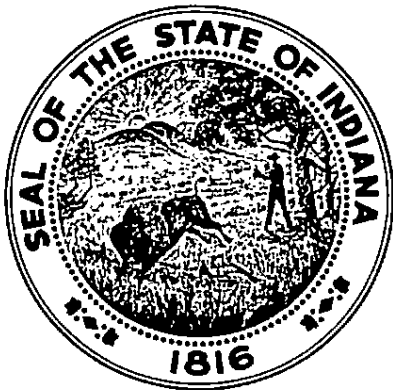
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

SCANNELL PROPERTIES #308, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on July 21, 2017, and was in existence or authorized to transact business in the State of Indiana on July 21, 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, July 21, 2017

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201707211205817 / 2017363138

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