

M17000008215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

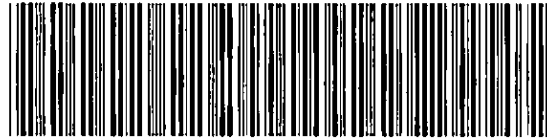
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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DIVISION OF


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O SIMMONS

SEP 27 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 834939 7228054
AUTHORIZATION : 
COST LIMIT : \$ 225.00

ORDER DATE : September 26, 2017
ORDER TIME : 12:55 PM
ORDER NO. : 834939-005
CUSTOMER NO: 7228054

FOREIGN FILINGS

NAME: VISION INVESTMENTS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

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

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

Vision Investments of 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 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (F.I. number, if applicable)

4. upon filing
(Date first transacted business in Florida, if prior to registration) (See sections 605.094 & 605.095, F.S. to determine penalty liability)

5. 4565 West 16th 6. 4565 West 16th
(Street Address of Principal Office) (Mailing Address)
Indianapolis, IN 46222 Indianapolis, IN 46222
USA USA

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
 Name: Corporation Service Company
 Office Address: 1201 Hays Street
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.

By: Corporation Service Company Melissa Zender
(Registered agent's signature) (Asst. Vice President)

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> |
|---------------------------|---|---------------------------|--------------------------|
| <u>Member</u> | <u>ANTON H. GEORGE</u> <u>8030 SPRING MILL RD.</u> <u>INDIANAPOLIS, IN, 46206</u> | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

(Use attachments if necessary)

9. Attached is a 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. (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.

Anton H George
Signature of an authorized person

ANTON H. GEORGE
Typed or printed name of signer

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 DIVISION OF REVENUE
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**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

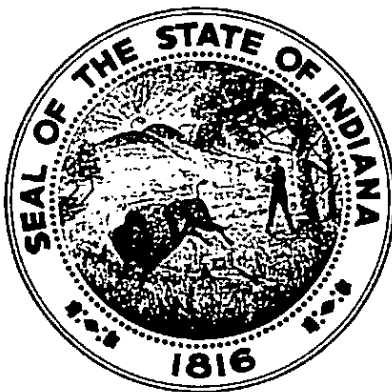
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

VISION INVESTMENTS, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on January 09, 2009, and was in existence or authorized to transact business in the State of Indiana on September 26, 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, September 26, 2017

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2009010900440 / 2017413217

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