11/17/2017

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.

(((H170003042103)))



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 : (950) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone

: (702)866-2500

Fax Number

: (702)866-2689

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

Email Address:_	documents @incorp.com	
.*	40	
	The state of the s	

## Foreign Limited Liability Company Braxton Creek RV, LLC

Certificate of Status	0
Certified Copy	1
Page Count	₩3
Estimated Charge	\$155.00

1007 2 3 2017

Electronic Filing Menu

Corporate Filing Menu

Help

☐ \$125.00 Fiting Fee

□ \$130.00 Filing Fee &

Certificate of Status

## 4170003042103

#### **COVER LETTER** TO: Registration Section Division of Corporations Braxton Creek RV, LLC SUBJECT: \_\_ 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: Jennifer Sharp Name of Person InCorp Services, Inc. Firm/Company 3773 Howard Hughes Pkwy. Suite 500s Address Las Vegas, NV 89169-6014 City/State and Zip Code documents@incorp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jennifer Sharp on behalf of InCorp Services, Inc. (800) 246-2677 Daytime Telephone Number Name of Contact Person STREET ADDRESS: MAILING ADDRESS: Division of Corporations Division of Corporations Registration Section Registration Section P.O. Box 6327 Clifton Building 2651 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 Enclosed is a check for the following amount:

■ \$155.00 Filing Fee &

Certified Copy

□ \$160,00 Filing Fee, Certificate

of Status & Certified Copy

# M17-6003042103

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

IN COMPLIANCE WITH SECTION 605 0902, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY CYMPIANYTO THANSACTRI ISINESS IN THE STATE OF FLORIDA.

Indiana  (Jurisdiction under the law of which foreign limited liability company is organized)  (Date first transacted business in Florida, if prior to registration.)  (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  0925N. State Road 5  Shipshewana  IN 46565  PO Box 345  Shipshewana  IN 46565  Shipshewana  IN 46565  PO Box 345  Shipshewana  IN 46565  Mailing Address  (Mailing Address)  Name: InCorp Services, Inc.  0ffice Address: 17888 67th Court North  Loxabetchee  (City)  (City)  Registered agent's acceptance: (City)  Registered agent's acceptance: (City)  Registered in this sapilication. I hereby accept the appointment as registered agent and agree to act in this capacity.	whermate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Land" or "LLC.")  3. 82-0771351  (FEI number, If applicable)  (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  ad 5  IN 46565  (Street Address of Principal Office)  IN 46565  (Street Address of Principal Office)  IN 46565  (Mailing Address)  InCorp Services, Inc.  17888 67th Court North  Loxahatchee  (City)  (City)	Indiana  Jurisdiction under the law of which foreign limited liability company, "L.L.C." or "L.C.")  Indiana  Jurisdiction under the law of which foreign limited liability company is organized)  Jurisdiction under the law of which foreign limited liability company is organized)  Jurisdiction under the law of which foreign limited liability company is organized)  Jurisdiction under the law of which foreign limited liability company is organized)  Jurisdiction under the law of which foreign limited liability company is organized)  Jurisdiction under the law of which foreign limited liability (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  O925N. State Road 5  Shipshewana  IN 46565  In Corp Services, Inc.  Office Address  In Sa470  (City)  (City)	Braxton Creek RV, L			* (a   C " or #1   C ")
Indiana   3,   82-0771351     Indiana   3,   82-0771351     (Jurisdiction under the law of which foreign limited liability company is organized)   Upon Registration   (Date first transacted business in Florida, if prior to registration.) (See sections 603.0904 & 605.0905, F.S. to determine penalty liability)   O925N. State Road 5   IN   46565     Shipshewana   IN   46565     PO Box 345     Shipshewana   IN   46565     In Gorp Services, Inc.     Office Address of Florida registered agent: (P.O. Box NOT acceptable)     Name:   In Gorp Services, Inc.     17888 67th Court North     Loxahatchee   Florida   33470     City   (City)   (Zip code)     Iterature   Incompany   Interest acceptance:     In Gorp Services   Inc.   Incompany   Inc	(City)  (City)	Incliana  (Guriadiation under the law of which foreign limited liability company is organized)  Upon Registration  (Date first transacted business in Florida, If prior to registration.) (See sections 905,0904 & 605,0905, F.S. to determine penalty liability)  0925N. State Road 5  Shipshewane  IN 46565  Shipshewana  IN 46565  City  Office Address  Florida registered agent: (P.O. Box NOT acceptable)  Name: InCorp Services, Inc.  Office Address:  (City)  (Cit	(Name of Fo	reign Elmited Liability Company; r	must include "Limited Liability Cor	mpany, "Liting, or Lite.)
(Jurisdiction under the law of which foreign limited liability company is organized)  Upon Registration  [Dato first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  0925N. State Road 5  Shipshewana  IN 46565  Shipshewana  IN 46565  Shipshewana  IN 46565  Shipshewana  IN 46565  Mailing Address  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  InCorp Services, Inc.  17888 67th Court North  Loxabstchee  (City)  (Cit	(City)  (Reglabzed agent and to accept service of process for the above stated limited liability company at the plations of all stantates relative to the proper and complete performance of my duties, and I am familiar with my position as registered agent.  (Reglabzed agent)	Company is organized	Jability Company," "L.L.C			ida. The alternate name must include "Limite
Company is organized)  Deta first transacted business in FlorIda, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  0925N. State Road 5  Shipshewana  IN 46565  (Maifing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: InCorp Services, Inc.  Office Address:  17888 67th Court North  Loxabatchee  (City)  Registered agent's acceptance:  (Taving been named as registered agent and to accept service of process for the above stated limited Hubility companions of this application. I hereby accept the appointment as registered agent and agree to act in this capacity.	(City)  (City)	Upon Registration  (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty (tability))  0925N. State Road 5  Shipshewana  IN 46565  (Street Address of Principal Office)  PO Box 345  Shipshewana  IN 48565  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  17888 67th Court North  Loxabatchee  (City)  egistered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated limited liability company at the pissignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further complywith the provisions of all statetes relative to the proper and complete performance of my duties, and I sun familiar was cept the obligations of my position as registered agent.  Jennifer Sharp on behalf of Incorp Services, in (Regishacut agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/arc:  Marvin Metzler Manager 0925N State Road 5, Shipshewana, IN 46565				The Proplet of the Pr
[Date first transacted business in Florida, if prior to registration.] (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  0925N. State Road 5    Shipshewana	[Date first transacted business in Florida, if prior to registration.] (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) and 5  IN 46565  (Street Address of Principal Office)  IN 46565  (Mailing Address)  Loss of Florida registered agent: (P.O. Box NOT acceptable)  InCorp Services, Inc.  17888 67th Court North  Loxabetchee Florida 33470  (City) (Zip code)  prince: registered agent and to accept service of process for the above stated limited liability company at the protection, I hereby accept the appointment as registered agent and agree to act in this capacity. I further attent, I hereby accept the appointment as registered agent and agree to act in this capacity. I further flory of all statutes relative to the proper and complete performance of my duties, and I am familiar we full my position as registered agent.  Jennifer Sharp on behalf of Incorp Services, In Registance, agent, and address of the person(s) who has/have authority to manage is/arc:	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  O925N. State Road 5  Shipshewang IN 46565  PO Box 345  Shipshewana IN 46565  Shipshewana IN 46565  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: InCorp Services, Inc.  Office Address:  17888 67th Court North  Loxabatchee (City)  registered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated limited liability company at the presignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar we comply the obligations of my position as registered agent.  Jennifer Sharp on behalf of incorp Services, In (Regishared agent)  Verification, I hereby accept the agent of the proper and complete performance of my duties, and I am familiar we comply the obligations of my position as registered agent.  Jennifer Sharp on behalf of incorp Services, In (Regishared agent)  Verification, I have been a serviced agent and address of the person(s) who has/have authority to manage is/are:  Marvin Metzler Manager 0925N State Road 5, Shipshewana, IN 46565		w of which foreign limited likebility	(rer	tunteer, it approximely
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)  0925N. State Road 5    N	(See sections 605.0904 & 605.0905, F.S. to determine penalty Itability) and 5  IN 46565  (Street Address of Principal Office)  IN 46565  (Mailing Address)  IN 46565  (Mailing Address)  In 46565  (Mailing Address)  In 46565  (Mailing Address)  In Corp Services, Inc.  17888 67th Court North  Loxahatchee  (City)  (City)	(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  D925N. State Road 5  Shipshewana  IN 46565  PO Box 345  Shipshewana  IN 46565	Upon Registration	1		
Office Address:  17888 67th Court North  Loxabatchee  (City)	17888 67th Court North  Loxabatchee , Florida 33470  (City) (Zip code)  ptance: registered agent and to accept service of process for the above stated limited llubility company at the partition, I hereby accept the appointment as registered agent and agree to act in this capacity. I further stons of all statutes relative to the proper and complete performance of my duties, and I am familiar with my position as registered agent.  Jennifer Sharp on behalf of Incorp Services, In (Registered agent) who has/have authority to manage is/are:	Office Address:  17888 67th Court North  Loxabetchee  (City)  (Zip code)  (City)  (Zip code)  (City)  (City)  (Zip code)  (City)  (Zip code)  (City)  (Zip code)  (City)  (City)  (Zip code)  (City)  (Zip code)  (City)  (Zip code)  (City)  (Zip code)  (City)  (City)  (Zip code)  (All published as registered agent and to accept service of process for the above stated limited liability company at the president and agree to act in this capacity. I further complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar we complete performance of my duties, and I am familiar we complete performance of my duties, and I am familiar we complete performance of my duties, and I am familiar we complete performance of my duties, and I am familiar we complete performance of my duties, and I am familiar we complete performance of my duties, and I am familiar we complete performance of my duties, and I am familiar we complete performance of my duties, and I am familiar we complete performance of my duties, and I am familiar we complete performance of my duties, and I am familiar we complete performance of my duties, and I am familiar we complete performance of my duties, and I am familiar we complete performance of my duties, and I am familiar we complete performance of my duties, and I am familiar we complete performance of my duties, and I am familiar we complete performance of my duties, and I am familiar we complete performance of my duties,		Date first transacted bus (See sections 605.0904 & 6	iness in Florida, if prior to registrat 05.0905, F.S. to determine penalty	tion.) liability)
Office Address:  17888 67th Court North  Loxabatchee  (City)	17888 67th Court North  Loxahatchee Florida 33470  (City) (Zip code)  ptance: registered agent and to accept service of process for the above stated limited liability company at the pation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further stons of all statutes relative to the proper and complete performance of my duties, and I am familiar with my position as registered agent.  Jennifer Sharp on behalf of incorp Services, in (Registered agent) (Registered	Office Address:  17888 67th Court North  Loxabetchee  (City)	0925N. State Roa	ad 5		= 🗹
Office Address:  17888 67th Court North  Loxabatchee  (City)	17888 67th Court North  Loxahatchee Florida 33470  (City) (Zip code)  ptance: registered agent and to accept service of process for the above stated limited liability company at the pation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further stons of all statutes relative to the proper and complete performance of my duties, and I am familiar with my position as registered agent.  Jennifer Sharp on behalf of incorp Services, in (Registered agent) (Registered	Office Address:  17888 67th Court North  Loxabetchee  (City)	Shipshewana	(Street Address		Noil Control
Office Address:  17888 67th Court North  Loxabetchee  (City)  (City)  Registered agent's acceptance:  Itaving been named as registered agent and to accept service of process for the above stated limited Hublilty companions to the appointment as registered agent and agree to act in this capacity.	17888 67th Court North  Loxabatchee  (City)  (	Office Address:  17888 67th Court North  Loxabetchee  (City)	PO Box 345	(Dilate Maniers	0. 7 (morph 4 m-7	* =
Office Address:  17888 67th Court North  Loxabatchee  (City)  (City)  Registered agent's acceptance:  If aving been named as registered agent and to accept service of process for the above stated limited Hublilty companies in this application. I hereby accept the appointment as registered agent and agree to act in this capacity.	17888 67th Court North  Loxabatchee , Florida 33470  (City) (Zip code)  ptance: registered agent and to accept service of process for the above stated limited llubility company at the partition, I hereby accept the appointment as registered agent and agree to act in this capacity. I further stons of all statutes relative to the proper and complete performance of my duties, and I am familiar with my position as registered agent.  Jennifer Sharp on behalf of Incorp Services, In (Registered agent) who has/have authority to manage is/are:	Office Address:  17888 67th Court North  Loxabetchee  (City)  (Zip code)  (City)  (Zip code)  (City)  (City)  (Zip code)  (City)  (Zip code)  (City)  (Zip code)  (City)  (City)  (Zip code)  (City)  (Zip code)  (City)  (Zip code)  (City)  (Zip code)  (City)  (City)  (Zip code)  (All published as registered agent and to accept service of process for the above stated limited liability company at the president and agree to act in this capacity. I further complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar we complete performance of my duties, and I am familiar we complete performance of my duties, and I am familiar we complete performance of my duties, and I am familiar we complete performance of my duties, and I am familiar we complete performance of my duties, and I am familiar we complete performance of my duties, and I am familiar we complete performance of my duties, and I am familiar we complete performance of my duties, and I am familiar we complete performance of my duties, and I am familiar we complete performance of my duties, and I am familiar we complete performance of my duties, and I am familiar we complete performance of my duties, and I am familiar we complete performance of my duties, and I am familiar we complete performance of my duties, and I am familiar we complete performance of my duties, and I am familiar we complete performance of my duties, and I am familiar we complete performance of my duties,			/2525	
Office Address:  17888 67th Court North  Loxabatchee  (City)  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated limited Hublilty companies in this application. I hereby accept the appointment as registered agent and agree to act in this capacity.	17888 67th Court North  Loxabatchee  (City)  (	Office Address:  17888 67th Court North  Loxabetchee  (City)  (Zip code)  (Zip code)  (City)  (Zip code)  (City)  (Zip code)  (Zip code)  (City)  (Zip code)  (City)  (Zip code)  (Zip code)  (Application as registered agent and above stated limited liability company at the pictory signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar was recept the obligations of my position as registered agent.  (Registred agent's signature)	Shipshewana			
Office Address:  17888 67th Court North  Loxabetchee  (City)  (City)  Registered agent's acceptance:  Inving been named as registered agent and to accept service of process for the above stated limited Hublilty companies in this application. I hereby accept the appointment as registered agent and agree to act in this capacity.	17888 67th Court North  Loxahatchee Florida 33470  (City) (Zip code)  ptance: registered agent and to accept service of process for the above stated limited liability company at the pation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further stons of all statutes relative to the proper and complete performance of my duties, and I am familiar with my position as registered agent.  Jennifer Sharp on behalf of incorp Services, in (Registered agent) (Registered	Office Address:  17888 67th Court North  Loxabetchee  (City)	. St	•		•
Office Address:  17888 67th Court North  Loxabetchee  (City)  (City)  Registered agent's acceptance:  Itaving been named as registered agent and to accept service of process for the above stated limited Hublilty companions to the appointment as registered agent and agree to act in this capacity.	17888 67th Court North  Loxahatchee Florida 33470  (City) (Zip code)  ptance: registered agent and to accept service of process for the above stated limited liability company at the pation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further stons of all statutes relative to the proper and complete performance of my duties, and I am familiar with my position as registered agent.  Jennifer Sharp on behalf of incorp Services, in (Registered agent) (Registered	Office Address:  17888 67th Court North  Loxabetchee  (City)	. Name and street addre		(P.O. Box NOT acceptable)	÷.
Loxabatchee  (City)  (	Loxabalchee  (City)  (Zip code)  ptance: registered agent and to accept service of process for the above stated limited liability company at the pration, I hereby accept the appointment as registered agent and agree to act in this capacity. I further stons of all statutes relative to the proper and complete performance of my duties, and I am familiar with my position as registered agent.  Jennifer Sharp on behalf of incorp Services, in (Registered agent)  (Registered agent)  (Registered agent)  Jennifer Sharp on behalf of incorp Services, in the proper and address of the person(s) who has/have authority to manage is/are:	Loxabatchee  (City)  (	Name:	incorp services, inc.		·
(City) (Zip code)  Registered agent's acceptance:  Toving been named as registered agent and to accept service of process for the above stated limited Hubility companies in this goodcatton. I hereby accept the appointment as registered agent and agree to act in this capacity.	(City) (Zip code)  ptance: registered agent and to accept service of process for the above stated limited liability company at the patton, I hereby accept the appointment as registered agent and agree to act in this capacity. I further stons of all statutes relative to the proper and complete performance of my duties, and I am familiar af my position as registered agent.  Jennifer Sharp on behalf of incorp Services, in (Registered agent's signature)  pacity and address of the person(s) who has/have authority to manage is/are:	egistered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated limited liability company at the p esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar w except the obligations of my position as registered agent.  Jennifer Sharp on behalf of incorp Services, in  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/arc:  Marvin Metzler Manager 0925N State Road 5, Shipshewana, IN 46565	Office Address:	17888 67th Court North		
(City) (Zip code)  Registered agent's acceptance:  Taving been named as registered agent and to accept service of process for the above stated limited Hubility companies in this goodcatton. I hereby accept the appointment as registered agent and agree to act in this capacity.	(City)  (City)  (Zip code)  ptance: registered agent and to accept service of process for the above stated limited liability company at the patton, I hereby accept the appointment as registered agent and agree to act in this capacity. I further stons of all statutes relative to the proper and complete performance of my duties, and I am familiar af my position as registered agent.  Jennifer Sharp on behalf of incorp Services, in (Registered agent's signature)  pacity and address of the person(s) who has/have authority to manage is/are:	egistered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated limited liability company at the psignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar was registered agent.  Jennifer Sharp on behalf of incorp Services, in (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Marvin Metzler Manager 0925N State Road 5, Shipshewana, IN 46565		Loxahatchee	, Flori	<sub>da</sub> 33470
laving been named as registered agent and to accept service of process for the above stated limited liability compan Lesianoted in this goodcation. I hereby accept the appointment as registered agent and agree to act in this capacity.	registered agent and to accept service of process for the above stated limited liability company at the pation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further stons of all statutes relative to the proper and complete performance of my duties, and I am familiar with my position as registered agent.  Jounifer Sharp on behalf of incorp Services, in (Registered agent's signature)  pacity and address of the person(s) who has/have authority to manage is/are:	aving been named as registered agent and to accept service of process for the above stated limited liability company at the pessignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar was registered agent.  Jennifer Sharp on behalf of incorp Services, in (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Marvin Metzler Manager 0925N State Road 5, Shipshewana, IN 46565		(City)		(Zip code)
accept the obligations of my position as registered agent.	(Registered agent's signature) pacity and address of the person(s) who has/have authority to manage is/are:	(Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Marvin Metzler Manager 0925N State Road 5, Shipshewana, IN 46565	lesignated in this applic a complywith the provis	cation, I hereby accept the appo sions of all statutes relative to t	iniment as registered agent an he proper and complete perfori il	d agree to act in this capacity. I further mance of my duties, and I am familiar v
	pacity and address of the person(s) who has/have authority to manage is/are:	. The name, title or capacity and address of the person(s) who har/have authority to manage is/are: Marvin Metzler Manager 0925N State Road 5, Shipshewana, IN 46565				Sharp on behalf of Incomp Services, In
(Registered andnt's signature)		Marvin Metzler Manager 0925N State Road 5, Shipshewana, IN 46565		J (Re	glator <u>ed ao</u> dni's signature)	
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	anager 0925N State Road 5, Shipshewana, IN 46565		8. The name, title or cap	pacity and address of the person	i(s) who hat/have authority to m	sanage is/are:
Marvin Metzler Manager 0925N State Road 5, Shipshewana, IN 46565	ander occur pero itone of american and its reason	Cent Yoder Manager 0925N State Road 5, Shipshewana, IN 46565	Marvin Metzler Me	anager 0925N State Re	oad 5, Shipshewana, IN 4	6565
Kent Yoder Manager 0925N State Road 5, Shipshewana, IN 46565	anager 0925N State Road 5, Shipshewana, IN 46565		Kent Yoder M	lanager 0925N State Ro	oad 5, Shipshewana, IN 4	6565
). Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of	e of existence, no more than 90 days old, duly authenticated by the official having custody of records in		urisdiction under the lav of the translator must be:	w of which it is organized. (If the submitted)	e certificate is in a foreign langu	inge, a translation of the certificate ander
urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certific	v of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under	risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted)	er min stantologist inter on		20. A.C.	
urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certific of the translator must be submitted)	v of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under submitted)	The translator must be submitted)		▼ / Municon	ure of an authorized person	
2. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of furisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certific of the translator must be submitted)  Manie Metyle  Signature of an authorized person	v of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under submitted)	the translator must be submitted)		Signat		
registration under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate is in a foreign language.	wof which it is organized. (If the certificate is in a foreign language, a translation of the certificate under submitted)  Manie Melle  Signature of an authorized person	Signature of an authorized person			CERNARY ALL CAN PL CO. CO.	1 account that may ful- a ful- action and
urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certific of the translator must be submitted)  Manie Melyb  Signature of an authorized person	submitted)  Signature of an authorized person  at in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information	Signature of an authorized person  his document is executed in accordance with section 605.0203 (1) (b). Plorida Statutes. I am aware that any false information	This document is execute ubmitted in a document	ed in accordance with section 60 to the Department of State cons	5.0203 (1) (b), Plorida Statutes titutes a third degree felony es p	. I am aware that any false information rovided for in s.817.155, P.S.

M170003047103

Typed or printed name of signee

# M170003043103

# 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

**BRAXTON CREEK RV, LLC** 

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on February 23, 2017, and was in existence or authorized to transact business in the State of Indiana on November 17, 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 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, November 17, 2017

Corrie Hamon

CONNIE LAWSON
SECRETARY OF STATE

201702231182489 / 2017453692 Verify this certificate:https://bsd.sos.ln.gov/ValidateCertificate