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S. WARREN DEC 2 0 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

REFERENCE: 962372 8066606

AUTHORIZATION :

COST LIMIT : STEET OF CONTROL

ACCOUNT NO. : I2000000195

ORDER DATE: December 18, 2017

ORDER TIME : 10:16 AM

ORDER NO. : 962372-005

CUSTOMER NO: 8066606

#### FOREIGN FILINGS

NAME: SCHRADER AUCTION OF FLORIDA,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

## 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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Schrader Auction of I	Florida, LLC			
(Name of Foreig	in Limited Liability Company, must include "Limite	ed Liability Company," "L. L.C.," or "L.	.(*)	
(If name unavailable, enter alternate	name adopted to: the purpose of transacting business in Flo	21. 77		
<sub>2</sub> Indiana	the full formation of a grant method of the file	wich The affermate name must melade "Limito	d Liabibry Company," "E.L.C," or "ELC	.")
(Jurisdiction under the law of	which foreign himsted liability company is organized)	3	snamer, if applicable)	
4. N/A			manati, ir appriedozej	
4. <u></u>	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration 1	<del></del>	
5. 950 N. Liberty Dr.				
5. 930 N. Liberty Dr.	Principal Office)	6. 950 N. Liberty Dr.		
Columbia City, IN 46	725	Columbia City, 1N 4672	· - · •	
		<del></del>		
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT accentable)	<b>1 7</b>	
Name:	Corporation Service Company	<u>———</u>	DEC 19	
ivanic.				7
Office Address:	1201 Hays Street	<del></del>	£	(T)
	Tallahassee	et 11 32301	(ode) = 100 A TO	
Pagistared and at	(Cirs)	, Florida 32301	code) = =	
Registered agent's accep	tance: gistered agent and to accept service of parties of the service of parties.			
designated in this applica	tion, I hereby accept the appointment as	- accidental and the united that	ed tiability company at the p	olace
	Corporation as registered agent. Corporation Service Company By:  (Registered agent's sq	distance)	Roxanne Turner Asst. Vice President	
8. The name, title or capa Title or Capacity:	city and address of the person(s) who has Name and Address:	/have authority to manage is/are: <u>Title or Capacity</u> ;	Name and Address:	
Manager	Rex D. Schrader		Traine and Address.	
	950 N. Liberry Dr.		<del></del>	
	Columbia City, IN 46725			
			<del></del>	
			<del></del>	
(Use attachments if necessa	ary)			
	-	the control of the latest terminal to the control of the control o		
. Attached is a certificate curisdiction under the law o	of existence, no more than 90 days old, du f which it is organized. (If the certificate i	lly authenticated by the official h	aving custody of records in t	he
. Attached is a certificate c	of existence, no more than 90 days old, du f which it is organized. (If the certificate i	ly authenticated by the official h s in a foreign language, a transla	aving custody of records in t tion of the certificate under o	he path
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Attached is a certificate curisdiction under the law of the translator must be sub  This document is execut	of existence, no more than 90 days old, duf which it is organized. (If the certificate is omitted)  led in accordance with section 605.0203 (the Department of State constitutes a third	s in a foreign language, a transla	tion of the certificate under of	he
Attached is a certificate curisdiction under the law of the translator must be suffered.  This document is executed in a document to the translator.	of existence, no more than 90 days old, du f which it is organized. (If the certificate i omitted)  led in accordance with section 605.0203 (the Department of State constitutes a third	s in a foreign language, a transla  1) (b), Florida Statutes, I am awa degree felony as provided for in	tion of the certificate under of	he
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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

### SCHRADER AUCTION OF FLORIDA, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 14, 2017, and was in existence or authorized to transact business in the State of Indiana on December 19, 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, December 19, 2017

Corrie Lauren

CONNIE LAWSON
SECRETARY OF STATE