

**M18000002367**

Florida Department of State  
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**Foreign Limited Liability Company**

**Glick Sienna Square, LLC**

Certificate of Status	0
Certified Copy	1
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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FAX AUDIT NO.: H18000075036 3

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDAIN 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. OLICK SIENNA SQUARE, 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. 82-4666979  
(Jurisdiction under the law of which foreign limited liability  
company is organized) (FEI number, if applicable)4. March 7, 2018  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, P.S. to determine liability)5. 8801 River Crossing Blvd., Ste. 200  
Indianapolis, IN 46240  
(Street Address of Principal Office)6. 8801 River Crossing Blvd., Ste. 200  
Indianapolis, IN 46240  
(Mailing Address)7. Name and street address of Florida registered agent; (P.O. Box NOT acceptable)  
Name: CT Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(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.Leslie Martin  
Assistant Secretary

(Registered agent's signature)

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

MGR

David O. Barrett

8801 River Crossing Blvd., Ste. 200, Indianapolis, IN 46240

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)

Signature of an authorized person

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 § 817.155, P.S.

David O. Barrett, Manager

Typed or printed name of signer

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2018 MAR -8 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

**GLICK SIENNA SQUARE, LLC**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on March 06, 2018, and was in existence or authorized to transact business in the State of Indiana on March 06, 2018.

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. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 06, 2018

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

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