M18666003219

)		
	equestor's Name)	
ļ		
(A il	ddress)	
(A 	ddress)	
() 	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL MAIL
<u> </u>		
(B	usiness Entity Name)	
ري -	ocument Number)	
Certified Copies	Certificates of	Status
Seriance Copies		
Special Instructions to	Filing Officer:	
ļ		
·		
, !	Office Use Only	



800311095338

04/03/18--01004--017 **130.00

RECEIVED
APR 0 2 2018

18 AFR -5 AM 3: 01

COVER LETTER

ORCHID PROPER	RTIES, LLC				
UBJECT:	Name of	Limited Liability (Company	 	
The enclosed "Application by Fo Existence, and check are submitt					
lease return all correspondence	concerning this matter to the	following:			
JEANNETTE	LOPEZ				
- 	N	lame of Person			
Ŭ ORLANDO R	EGIONAL PROPERTY MA	NAGEMENT IN	C.		
-	F	irm/Company			
15520 1711					
15558 Village	Park Dr. Suite 125				
		Address			
Ørlando Floric	la 32837				
	City/S	State and Zip Code			
ga e .direccion@	gmail.com				
	E-mail address: (to be use	d for future annual	report no	tification)	
for further information concerning	ng this matter, please call:				
JEANNETTE LOPEZ		407 at (800 45	45	
Name	of Contact Person	Area Code	_'Day	vtime Telephone Number	
MAILING ADDRESS Division of Corporation				<u>r ADDRESS:</u> of Corporations	
Registration Section	.1		Registrat	tion Section	
P.O. Box 6 327 Tallahass ec , FL 32314				Building ecutive Center Circle see, F1, 32301	
Enclosed is a check for the follow	ving amount:				
□ \$125.00 Filing Fee	■ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	

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:

ORCHID PROPERTIE				
()	, , ,	imited Liability Company," "L.L.C.," or "ELC	:.")	
FLORIDA ORCHÎD PRO		in Florida. The alternate name must include "Limited	Lisbella Commun. 2011 C. 2 or 911 C. 2	
INDIANA, USA	nime adopted for the purpose of transacting business		maning Company, 1.1.C, or 1.C.,)	
5. ·	hich foreign limited liability company is organized)	(FEI number, if applicable)		
	diamond for the state			
Has not transacted bus	(Date first transacted business in Florida, if pr	nor to registration)		
	(See sections 605 0904 & 605 0905, F.S. to'd	etermine penalty liability)		
5. 6834 Arizona Ave.	Principal Office)	6. 6834 Arizona Ave.	iddress)	
Hammond, Indiana 46	•	Hammond, Indiana 4632	. 111	
USA		USA	<u> </u>	
			ئے۔۔۔۔ (ن)	
7 Name and street addres	ss of Florida registered agent: (P.O.	Box NOT acceptable)	3: 04	
		rock <u>instr</u> ucceptuble,		
Name:	Armando Serna Palomares		-	
Office Address:	8870 Geneve Court			
I	KISSIMMEE, FL	34747		
	(Cuy)	, Florida <u>34747</u> (Zipa	coxie)	
Registered agent's accep				
		of process for the above stated limit ont as registered agent and agree to a		
		oper and compla te pe rformance of m		
	s of my position as regist ered agem.		,	
1	(9mail	de and		
	(Registered ag	gent's signature)		
R The name title or can	acity and addrace of the person(c) wh	to has/have authority to manage is/are		
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
Single Member	Armando Serna Arteaga			
- ingle memory	6834 Arizona Ave, Hamn	nond		
'	Indiana, 46323, USA			
1 : 1				
				
•		<u></u>		
(Use attachments if neces	sary)			
,				
		old, duly authenticated by the official		
of the translator must be s		ficate is in a foreign language, a transl	ation of the certificate under oath	
		0203 (1) (b); Florida Statutes. I am aw		
submitted in a document to	the Department of State constitutes	a third degree felony as provided for i	m s.817.155, F.S.	
N .	Sign	nature of an authorized person		
!	Armanda Carno Artanaa			
4	Armando Serna Arteaga			

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

ORCHID PROPERTIES, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on April 01, 2016, and was in existence or authorized to transact business in the State of Indiana on March 22, 2018.

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. 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 22, 2018

Corrie Lauron

CONNIE LAWSON
SECRETARY OF STATE

2016040400024 / 2018569383

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