

Division of Corporations

**MEBXXXX4243**

Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)617-6383

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Account Name : API PROCESSING  
Account Number : I20110000069  
Phone : (954)567-0013  
Fax Number : (954)567-3401

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Email Address: kathy@apiprocessing.com

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2018 MAY -2 AM 11:13

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

Foreign Limited Liability Company  
TRG, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

5/31/05

Page 3065

# 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:

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

Classic Pool & Patio, 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. 81-5397739  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(State first transacted business in Florida, if prior to registration)  
(See sections 605.0902 & 605.0903, F.S., to determine penalty liability)

5. 9402 Uptown Drive, Suite 200 6. 9402 Uptown Drive, Suite 200  
(Street Address of Principal Office) (Mailing Address)  
Indianapolis, IN 46256 Indianapolis, IN 46256

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: API Processing - Licensing, Inc.

Office Address: 3419 Galt Ocean Drive, Suite A

Fort Lauderdale, Florida 33308  
(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 competent performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
MGR	Teresa R. Gooding 9402 Uptown Drive, Suite 200 Indianapolis, IN 46256	MGR	Chad D. Gooding 9402 Uptown Drive, Suite 200 Indianapolis, IN 46256

(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.

Signature of an authorized person

Chad D. Gooding

Typed or printed name of signee

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

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(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Indiana 3. 81-5397739  
 (Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. 9402 Uptown Drive, Suite 200  
 (Date first registered, transacting in Florida, if prior to registration.)  
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 9402 Uptown Drive, Suite 200  
 (Street Address of Principal Office)  
Indianapolis, IN 46256

6. 9402 Uptown Drive, Suite 200  
 (Mailing Address)  
Indianapolis, IN 46256

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: API Processing - Licensing, Inc.

Office Address: 3419 Galt Ocean Drive, Suite A  
Fort Lauderdale, Florida 33308  
 (City) (Zip code)

## Registered agent's acceptance:

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Kelly Brannan  
 (Registered agent's signature)

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
MGR	Teresa R. Gooding 9402 Uptown Drive, Suite 200 Indianapolis, IN 46256	MGR	Chad D. Gooding 9402 Uptown Drive, Suite 200 Indianapolis, IN 46256

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Chad D. Gooding  
 Signature of an authorized person

Chad D. Gooding

Typed or printed name of signer

**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

**TRG, LLC**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on February 02, 2017, and was in existence or authorized to transact business in the State of Indiana on April 30, 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, April 30, 2018

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

2017020211/8915 / 2018602692

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on May 30, 2018.

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Bgg 1065



May 2, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

API PROCESSING

SUBJECT: CLASSIC POOL & PATIO  
REF: W18000040887

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." Please add the appropriate designation to the name of your limited liability company or to the alternate name you have selected for the state of Florida, if your name is unavailable in this state. The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

FAX Aud. #: H18000134882  
Letter Number: 018A00008969

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314