

M 18 000010629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

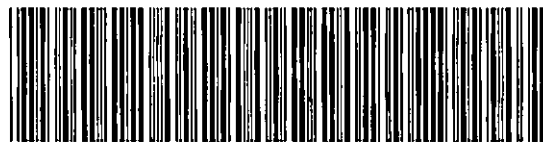
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100320520021

11/09/18--01020--012 **130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 NOV - 9 PM 5:17

SPD
11/18

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SP Tallahassee II Holdings, LLC
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:

Becki Neibarger
Name of Person

Scannell Properties
Firm/Company

8801 River Crossing Boulevard, Suite 300
Address

Indianapolis, IN 46240
City/State and Zip Code

beckin@scannellproperties.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Becki Neibarger at (317) 218-1664
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. SP Tallahassee II Holdings, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Indiana (Jurisdiction under the law of which foreign limited liability company is organized) 3. 83-2452373 (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8801 River Crossing Boulevard (Street Address of Principal Office) 6. 8801 River Crossing Boulevard (Mailing Address)
Suite 300 Suite 300
Indianapolis, IN 46240 Indianapolis, IN 46240

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

Name: Cogency Global Inc.
 Office Address: 115 North Calhoun Street, Suite 4
Tallahassee, Florida 32301
(City) (Zip code)

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 18 NOV - 9 PM 5:17

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.

Robert J. Scannell
(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Robert J. Scannell</u> <u>8801 River Crossing Blvd., Ste 300</u> <u>Indianapolis, IN 46240</u>	_____	_____
<u>Manager</u>	<u>Douglas L. Snyder</u> <u>8801 River Crossing Blvd., Ste. 300</u> <u>Indianapolis, IN 46240</u>	_____	_____

(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.

Robert J. Scannell
Signature of an authorized person

Robert J. Scannell
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

SP TALLAHASSEE II HOLDINGS, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on November 05, 2018, and was in existence or authorized to transact business in the State of Indiana on November 29, 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, November 29, 2018

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201811051287626 / 2018802060

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

Expires on December 29, 2018.