

M19000000367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

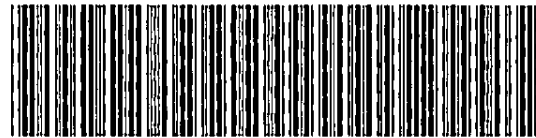
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FEC M19-367

12/10/18--01010--020 **130.00

2019 JAN 10 PM 12:03
RECEIVED
FEB 10 2019

W. CAMERON

JAN 11 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUSAN'S HOME SWEET HOME 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:

ANDREA LINSON

Name of Person

SUSAN'S HOME SWEET HOME LLC

Firm/Company

10508 LAGOON DRIVE

Address

GRABILL, IN 46741

City/State and Zip Code

ANDREA@SUSANSHOMESWEETHOME.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA LINSON

260

433-1473

at (_____) _____

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 28, 2018

ANDREA LINSON
SUSAN'S HOME SWEET HOME LLC
10508 LAGOON DR.
GRABILL, IN 46741

SUBJECT: SUSAN'S HOME SWEET HOME LLC
Ref. Number: W18000110481

We have received your document for SUSAN'S HOME SWEET HOME LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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 (805) 245-6000.

Brenda L Vorisek
Director

Letter Number: 418A00026483

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. SUSAN'S HOME SWEET HOME 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-1606954

(FEI number, if applicable)

4. N/A

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

5. 10508 LAGOON DRIVE

(Street Address of Principal Office)

6. 10508 LAGOON DRIVE

(Mailing Address)

GRABILL, IN 46741

GRABILL, IN 46741

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

Name: JUDITH BARNES

Office Address: 2088 ESTERO BLVD, 5-C

FORT MYERS BEACH

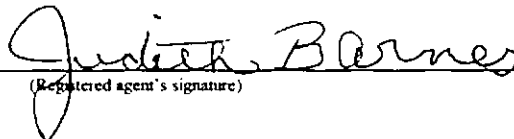
(City)

Florida 33931

(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.


(Registered agent's signature)

2019 JAN 10 PM 12:03
STATE OF FLORIDA
CLERK OF THE COURT

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:

ADMINISTRATOR

ANDREA LINSON

10508 LAGOON DRIVE

GRABILL, IN 46741

AGENCY MANAGER

SUSAN PETERS

14320 ARCOLA ROAD

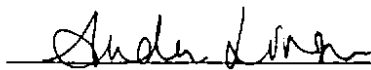
FORT WAYNE, IN 46741

2019 JAN 10 PM 12:03
STATE OF FLORIDA
DEPARTMENT OF STATE

(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

Andrea Linson

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

SUSAN'S HOME SWEET HOME LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 23, 2015, and was in existence or authorized to transact business in the State of Indiana on December 05, 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, December 05, 2018

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2015102300405 / 2018807559

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

Expires on January 04, 2019.

STATE OF INDIANA
JAN 11 10 PM 12:03