# M190001603

(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



900324573109

2019 FEB 13 A 6: 211 STATE PASSES FROMING

19 FEB 13 PM 1:4

alialia a



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 14, 2019

COGENCYGLOBAL

SUBJECT: SPCH JACKSONVILLE I, LLC

Ref. Number: W19000014590

We have received your document for SPCH JACKSONVILLE I, 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):

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

Letter Number: 819A00003178

19 FEB 14 PM 1- 21



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	02/14/2019		
Name:	Obside Missle	<del></del>	
Reference	#:1046527		
Entity Nan	ne:SPCH JAC	KSONVILLE I, LLC	2919
<b>✓</b> Arti	cles of Incorporation/Authorizatio		FEB 13 A
Cha	ange of Agent		6: 24 (68)54
Cor	nversion		
	rger solution/Withdrawal		
	titious Name  CERTIFICA	TE OF STATUS UPON FILING	
Authorized Signature:	d Amount \$130		



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	02/14/2019	
	Chris Vick	<del></del>
Reference #:_	4040507	
Entity Name:_	SPCH JA	CKSONVILLE I, LLC
Articles Amend Change Reinsta	s of Incorporation/Authorizat Iment e of Agent atement rsion	
	ution/Withdrawal	
		ATE OF STATUS UPON FILING
Authorized Ar	mount: \$130	

NY, NY 10016 D: +1.212.947.7200 P: 800.221.0102 F: 800.944.6607

F: +852.2682.9790

#### COVER LETTER

TO: Registration Section

Divi	sion of Corporations		
SUBJECT:	SPCH Jacksonville I.	LLC	
Sons Ect.		Name of Limited Liability Company	_
		ign Limited Liability Company for Authorization to Transact Business in Florid to register the above referenced foreign limited liability company to transact by	
Please return	all correspondence co	oucerning this matter to the following:	
	Becki Neibarger		
	**	Name of Person	
	Scannell Properti	ies	28
		Firm/Company	7 FEB 1
	8801 River Cross	sing Boulevard, Suite 300	E E E
	<del></del>	Address Si-C	
	Indianapolis, IN	46240 T.C.	, g.
		City/State and Zip Code	211
	beckin@scannellpr	roperties.com	
		E-mail address: (to be used for future annual report notification)	
For further inf	ormation concerning	this matter, please calt:	
۵.	a est Nacio	AD 128 1///	
<u></u>	Name of	ACCE at ( 3 1 ) 218 - 16 (4 )  Contact Person Area Code Daytime Telephone Numbe	r
Divis	LING ADDRESS: ion of Corporations	STREET ADDRESS: Division of Corporations	
P.Õ. 1	stration Section Box 6327 hassee, FL 32314	Registration Section Clifton Building 2661 Executive Center Circle	
		Tallahassee, FL 32301	
	ised is a check for the e make check payable	following amount: to: FLORIDA DEPARTMENT OF STATE	
□s	125.00 Filing Fee		ng Fee, Certificate Tertified Copy

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

IN COMPLIANCE WITH SECTION 695.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SPCH Jacksonville I, I					
(Name of Foreign	n Limited Etability Company; must include "Limit	led Liabili	ty Company." "L.L.C.," or "L.L.C.")		
Elf name unavailable, enter alternate	name adopted for the purpose of transpering business in Fl	onda. The	illiginate name must include "Limited Liability	Company," "L.1.	.C." or "LLC."
Indiana			83-3430611		
2. (Junsdiction under the law of v	shich foreign limited liability company is organized)	3.	(i'll number, )	i applicable)	3
			(1 to minus)	ءَ اپنم سم	
				F. C.	71
4.	(Date first transacted business in Florida, if prior to (See sections 605,0804 & 605,0905, F.S. to determ	registration	<u> </u>		
	(See sections 605,0904 & 605,0905, F.S. to determ	nac penalty	hability)	(1).	٦ [
8801 River Crossing F 5.			8801 River Crossing Boulevar		<u>ک</u> ک
(Street Address of	Principal Office)	6.	(Mailing Address)	=	<u>a,                                     </u>
Suite 300			C / 200	<u> </u>	24
			Suite 300	2,	
I- Engan II. IN: 173.16					
Indianapolis, IN 46240			Indianapolis, IN 46240		
7. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	NOT:	icceptable)		
	Cogency Global inc.				
Name:			<del></del>		
	H5 North Calhoun Street, Suite 4				
Office Address:	113 North Cambun Street, Suite 4				
	7. 11 .				
	Tallahassee		32301 Florida		
	(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.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members-managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: Robert J. Scannell	Manager	Name: Douglas L. Snyder
Member	Address: 8801 River Crossing Blvd.,	Member	Address. S801 River Crossing Blvd.,
Authorized	Ste. 300	Authorized	Sie, 300
Person	Indianapolis, IN 46240	Person	Indianapolis, IN 46240
Other	Other	Other	
■Munager    Member    Authorized    Person    Other	Name: James C. Carlino  Name: 8801 River Crossing Blvd  Stc. 300  Indianapolis, IN 46240	■ Manager  □ Member □ Authorized  Person □ Other	Name:  Ralph I. Shiley  Ste. 300  Indianapolis, IN 45240  Other
☑Manager  _Member  _Authorized  Person	Name: Marc D. Pfleging  8801 River Crossing Blvd.,  Address: Stc. 300  Indianapolis, IN 46240	☐ Manager ☐ Member ☐ Authorized Person	Name:Address:
Other	Other	Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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 1 Seam	rell
Sig	nature of an authorized person
Robert J. Scannell	
fy	ped or printed name of signer

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPCH JACKSONVILLE I, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF FEBRUARY, A.D. 2019.

7262891 8300 SR# 20190628522

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202189823

Date: 02-01-19