M1900001409

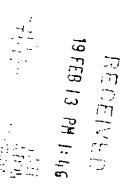
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
PASign W19-14609						

Office Use Only



200324573092

TORELIARY OF STATE





February 14, 2019

COGENCY GLOBAL INC.

SUBJECT: SPCH JACKSONVILLE II, LLC

Ref. Number: W19000014609

We have received your document for SPCH JACKSONVILLE II, 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.

Octavia L Simmons Regulatory Specialist III

Letter Number: 419A00003197

19 FEB IN PH 4: 37



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

Account#: I20000000088

Date:02	/14/2019	
Name:		
Reference #:	4040507	
Entity Name:	SPCH JA	CKSONVILLE II, LLC
		tion to Transact Business
Amendme	ent	
☐ Change o	of Agent	
Reinstate	ment	
Conversion	on	
☐ Merger		
☐ Dissolutio	on/Withdrawal	
Fictitious	Name	
✓ Other	CERTIFIC	ATE OF STATUS UPON FILING
Authorized Amo	unt- \$130	
Signature:	Like _	

F: 800.944.6607

COVER LETTER

		tration Section ion of Corporations						
SUBJEC		SPCH Jacksonville II, LLC						
		Name of Limited Liability Company						
The encl Existence	losed " e, and	Application by Foreign Limited Liability Company for Atcheck are submitted to register the above referenced foreign	ithoriz gn lim	nation to Transact Business in Florida." Certificate of ited liability company to transact business in Florida.				
Please re	turn al	ll correspondence concerning this matter to the following:						
		Becki Neibarger						
		Name of Per	nos					
		Scannell Properties						
		Firm/Compa	ny					
		8801 River Crossing Boulevard, Suite 300						
		Address						
		Indianapolis. IN 46240						
		City/State and Zi	Code					
		beckin@scannellproperties.com						
		E-mail address: (to be used for future	annua	report notification)				
For furthe	er info	rmation concerning this matter, please call:						
Becki Neibarger		Neibarger 317		218-1664				
			Code	Daytime Telephone Number				
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		on of Corporations ration Section ox 6327		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
E P [Please		55.00	TE Filing Fee & S160.00 Filing Fee. Certificate ed Copy of Status & Certified Copy				

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

IN COMPILANCE WITH SECTION (05/000), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

SPCH Jacksonville II.	LLC							
(Name of Foreign	Limited Linbility Company; must include "Limite	ed Liabilii	y Company," "L.L.C.," or "LLC.")	-				
f name internal able, enter alternate a	name adopted for the purpose of transacting business in Flo	orida The a	Iterante name must include "Limited Liability	Company," "E. L. C," or "LLC."				
Indiana		•	83-3463801					
Thresdiction under the law of which foreign limited liability company is organized)		(FEI number, it applicable)						
	(Date first transacted business in Florida, if prior to (See sections 605,0901 & 603,0905, F.S. to determine	registration	i) liability)	_				
8801 River Crossing Boulevard		6.	8801 River Crossing Boulevan	rd _.				
(Street Address of	Principal Office)	0.	(Vlailing Address)					
Suite 300			Suite 300					
Indianapolis, IN 46240			Indianapolis, IN 46240					
Name and street address	ss of Florida registered agent: (P.O. Box	NOT a	acceptable)					
Name:	Cogency Global inc.			19 FI SECRE				
Office Address:	115 North Calhoun Street, Suite 4			EB 14 /				
	Tallahassee		32301 , Florida					
	(City)		(Zip code)	1 9: 1				
egistered agent's accep	tance:			59 E				

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.

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: Name: ____ Douglas L. Snyder Robert J. Scannell ■ Manager Manager 8801 River Crossing Blvd., 8801 River Crossing Blvd., Member Member Ste. 300 Ste. 300 Authorized Authorized Indianapolis, IN 46240 Indianapolis, IN 46240 Person Person Other Other Other Other Name: James C. Carlino Name: Ralph I. Shiley ■ Manager Manager 8801 River Crossing Blvd., Member Member Address: Stc. 300 Stc. 300 Authorized Authorized Indianapolis, IN 46240 Indianapolis, IN 6240 Person Person Other Other Other Marc D. Pfleging Manager Manager | Name: \$801 River Crossing Blvd., Member | Address: Member | Address: ___ Ste. 300 Authorized Authorized Indianapolis, IN 46240 Person Person Other Other Other_ Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 J. Scannell

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SPCH JACKSONVILLE II, 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.

Authentication: 202189758

Date: 02-01-19