

MI9000003034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

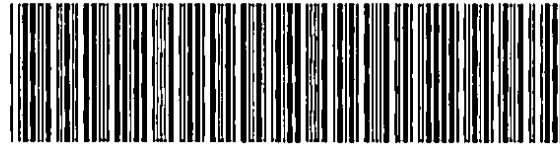
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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03/06/19--01025--025 \*\*130.00

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2019 APR 28 PM 10:16

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4/11/19 DS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 19, 2019

JOY JACKSON  
8801 RIVER CROSSING BLVD SUITE 300  
INDIANAPOLIS, IN 46240

SUBJECT: SCANNELL PROPERTIES #363, LLC  
Ref. Number: W19000026726

We have received your document for SCANNELL PROPERTIES #363, 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 certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 519A00005440

FILED



8801 River Crossing Blvd  
Suite 300  
Indianapolis, IN 46240  
tel: 317.843.5959  
fax: 317.843.5957

Chicago  
Dallas  
Denver  
Kansas City  
Minneapolis  
San Francisco  
Washington DC  
London

March 27, 2019

**VIA FEDEX**

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

Re: Scannell Properties #363, LLC  
Ref. Number: W19000026726

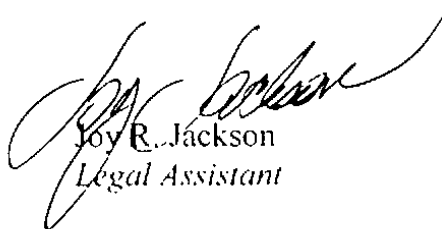
To Whom It May Concern:

We are in receipt of your Letter Number 519A00005440, a copy of which is enclosed. We are returning the Application for Authorization to Transact Business in Florida for Scannell Properties #363, LLC, an Indiana limited liability company, along with an original Certificate of Existence from the State of Indiana.

Please resubmit the Application with your office and provide evidence of this filing to Scannell Properties, Attn: Joy Jackson, 8801 River Crossing Boulevard, Suite 300, Indianapolis, Indiana 46240 in the enclosed self-addressed, stamped envelope (or FedEx env.).

If you have any questions or should you need anything further, please contact me at (317) 218-1650 or e-mail me at [joyj@scannellproperties.com](mailto:joyj@scannellproperties.com).

Sincerely,

  
Joy R. Jackson  
Legal Assistant

Enclosures

cc: Julie Troha

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Scannell Properties #363, 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:

Joy Jackson  
Name of Person  
Scannell Properties  
Firm/Company  
8801 River Crossing Blvd., Suite 300  
Address  
Indianapolis, IN 46240  
City/State and Zip Code  
joyj@scannellproperties.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joy Jackson 317 218-1650  
Name of Contact Person at ( ) 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:  
Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$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

FILED  
2013 MAR 28 PM 10:16  
TALLAHASSEE, FL  
RECEIVED

**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. Scannell Properties #363, LLC

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

2. Indiana

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

3. 83-3671715

(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 Blvd., Suite 300

(Street Address of Principal Office)

Indianapolis, IN 46240

6. 8801 River Crossing Blvd., Suite 300

(Mailing Address)

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

(City)

, Florida

32301

(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.*

Carol Ivy, Assistant Secretary  
(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:**

☒ Manager Name: Robert J. Scannell

☐ Member Address: 8801 River Crossing Blvd.

☐ Authorized Suite 300

Person Indianapolis, IN 46240

☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Douglas L. Snyder

☐ Member Address: 8801 River Crossing Blvd.

☐ Authorized Suite 300

Person Indianapolis, IN 46240

☐ Other ☐ Other

☒ Manager Name: James C. Carlino

☐ Member Address: 8801 River Crossing Blvd.

☐ Authorized Suite 300

Person Indianapolis, IN 46240

☐ Other ☐ Other

☒ Manager Name: Ralph I. Shiley

☐ Member Address: 8801 River Crossing Blvd.

☐ Authorized Suite 300

Person Indianapolis, IN 46240

☐ Other ☐ Other

☒ Manager Name: Marc D. Pfleging

☐ Member Address: 8801 River Crossing Blvd.

☐ Authorized Suite 300

Person Indianapolis, IN 46240

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

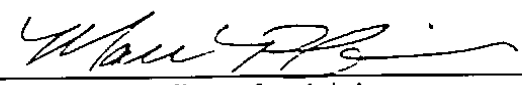
Person \_\_\_\_\_


☐ 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.

  
\_\_\_\_\_  
Signature of an authorized person

  
\_\_\_\_\_  
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

**SCANNELL PROPERTIES #363, LLC**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on February 22, 2019, and was in existence or authorized to transact business in the State of Indiana on February 22, 2019.

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, February 22, 2019

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

201902221306352 / 2019892525

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

Expires on March 24, 2019.