

M19000004057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

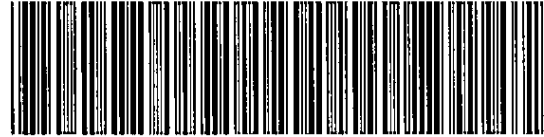
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 APR 08 10:26 AM

4-23-19
BX



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2019

BRAD SHAFER
5720 E. SOUTHPORT RD
INDIANAPOLIS, IN 46237

SUBJECT: RAPUNZEL TOWER LLC
Ref. Number: W19000036455

We have received your document for RAPUNZEL TOWER LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

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) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 619A00007330

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rapunzel Tower 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:

Brad Shaffer
Name of Person

Rapunzel Tower LLC
Firm/Company

5720 E. Southport Rd.
Address

Indianapolis, IN 46237
City/State and Zip Code

Brad@firstclass-investments.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brad Shaffer at (317) 427-4842
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:

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

4/4/2019

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

IN COMPLIANCE WITH SECTION 605.04, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

(If name contains letters and numbers, must be adopted for the purpose of doing business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. IN 3. 83-3472904
(Jurisdiction under the laws of which the foreign company was formed) (TIN number, if applicable)

4. 3/15/19
(Date of formation of the entity in its state of origin; if prior to 1913, date of first incorporation; if not, date of first incorporation; if not, date of first incorporation; if not, date of first incorporation)

5. 5720 E. Southport Rd. 6. 5720 E. Southport Rd.
(Street address of principal office) (Street address)
Indianapolis, IN Indianapolis, IN
46237 46237
(City and state) (City and state) (Zip code) (Zip code)

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

Name: Nick Cotton
Office Address: 805 W. 2ND AVE.
WINDERMERE FL 34786
(WINDERMERE) Florida (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)

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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:

Brad Shaffer

☐ Manager

Name:

☐ Member

Address:

5720 E Southport Rd.

☐ Member

Address:

☒ Authorized

Indianapolis

☐ Authorized

Person

IN, 46237

Person

☐ Other

☐ Other

☐ Other

☐ Other

☐ Manager

Name:

☐ Manager

Name:

☐ Member

Address:

☐ Member

Address:

☐ Authorized

☐ Authorized

Person

Person

☐ Other

☐ Other

☐ Other

☐ Other

☐ Manager

Name:

☐ Manager

Name:

☐ Member

Address:

☐ Member

Address:

☐ Authorized

☐ Authorized

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. 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

Brad Shaffer

Typed or printed name of signer

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

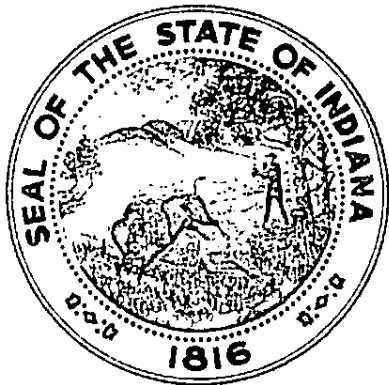
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

RAPUNZEL TOWER, LLC

submitted the requisite documents to commence business activities under the laws of the State of Indiana on February 07, 2019, and was in existence or authorized to transact business in the State of Indiana on April 23, 2019.

I further certify this Domestic Limited Liability Company has filed its most recent report required by state 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, April 23, 2019.

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201902071303379 / 2019954501

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

Expires on May 23, 2019.