

MI9000006672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

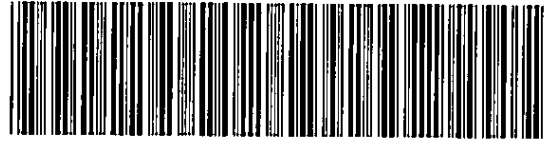
(Document Number)

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Special Instructions to Filing Officer:

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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✓



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2019

SEAN P. O'NEIL
120 E. MARKET ST.
SUITE:1100
INDIANAPOLIS, IN 46204

SUBJECT: INDIANAPOLIS LITIGATION SUPPORT GROUP LLC
Ref. Number: W19000059746

We have received your document for INDIANAPOLIS LITIGATION SUPPORT GROUP LLC and your check(s) totaling \$160.00. 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.

Yvette Scott
Document Specialist II

Letter Number: 319A00012889

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INDIANAPOLIS LITIGATION SUPPORT GROUP 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:

SEAN P. O'NEIL

Name of Person

INDIANAPOLIS LITIGATION SUPPORT GROUP LLC

Firm/Company

120 E. MARKET ST, SUITE 1100

Address

INDIANAPOLIS, IN 46204

City/State and Zip Code

soneil@indy1sg.com

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

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

SEAN O'NEIL

Name of Contact Person

at (317)

Area Code

636-7494

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Chafon 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

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

IN COMPLIANCE WITH SECTION 605.0402, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. INDIANAPOLIS LITIGATION SUPPORT GROUP 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. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration;
See sections 605.09014 & 605.0902, F.S. to determine penalty liability)

5. 120 E. MARKET ST.
(Street Address of Principal Office)

6. 120 E. MARKET ST.
(Mailing Address)

SUITE 1100

SUITE 1100

INDIANAPOLIS, IN 46204

INDIANAPOLIS, IN 46204

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

Name: Justin K. Gibson

Office Address: 39 Porcupine Drive

Palm Coast, Florida 32164
(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.

Justin K. Gibson
(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]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input type="checkbox"/> Manager	Name:	<u>SEAN O'NEIL</u>		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	<u>120 E. MARKET ST.</u>		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		<u>SUITE 1100</u>		<input type="checkbox"/> Authorized			
Person		<u>INDIANAPOLIS, IN 46204</u>		Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<div>FILED 2019 JUL -9 PM 4:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>							
<input type="checkbox"/> Manager	Name:	<u>THOMAS BREEDLOVE</u>		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	<u>120 E. MARKET ST.</u>		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		<u>STE. 1100</u>		<input type="checkbox"/> Authorized			
Person		<u>INDIANAPOLIS, IN 46204</u>		Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> 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

SEAN P. O'NEIL
Typed or printed name of signer

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

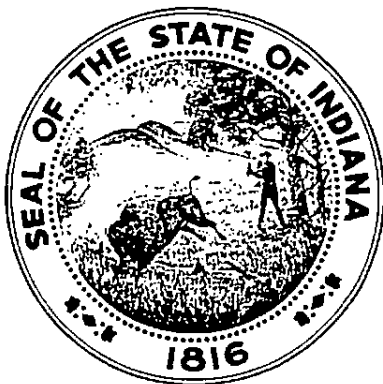
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

INDIANAPOLIS LITIGATION SUPPORT GROUP, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 23, 2002, and was in existence or authorized to transact business in the State of Indiana on July 03, 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, July 03, 2019

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

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

Expires on August 02, 2019.

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2019 JUL -9 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA