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LORELEI PROPERTIES, LLC

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	egistration Section livision of Corporations										
SUBJECT	Lorelei Properties, LLC										
	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability (Сотралу		_					
The enclos Existence,	sed "Application by Foreign Limite and check are submitted to registe	ed Liability Company r the above reference	for Authoriza d foreign limit	tion to Transact ed liability com	Business in Florida	," Cer iness	rtificate of in Florida.				
Please retu	irn all correspondence concerning t	this matter to the foll	owing:								
	Jonathan Porter										
		Name	of Person			_					
	Advanced Corporate Agent	t Services Inc.			SEU	2019					
		Company		HA E	AUG	77					
	100 N LaSalle St #500				RETARY AHASSE	8					
	Address					PH L:					
	Chicago, IL 60602)F STATE , FLORIC	<u></u>	مسا				
		City/State	and Zip Code		Þ	ω					
	jp@advancedcorpagents.com	n									
	E-mail ad	dress: (to be used for	r future annual	report notificat	ion)	_					
For further	r information concerning this matte	er, please cail:									
Jo	onathan Porter	a	312	929-3000							
_	Name of Contact P		Area Code	Daytime	Telephone Number	_					
D R P	IAILING ADDRESS: Division of Corporations Legistration Section LO. Box 6327 Callahassee, FL 32314			STREET ADI Division of Co Registration So Clifton Buildin 2661 Executiv Tallahassee, F	orporations ection ng e Center Circle						
	nclosed is a check for the following lease make check payable to: FLO		ENT OF STA	ГЕ							
_	\$125.00 Filing Fee \$13	0.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & ed Copy	\$160.00 Filing of Status & Co	-					

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:

me unavailable, enter alternate r	name adopted for the purpose of transacting business in Flor	rida. The alternat	e name must include "Limited Liab	ility Company," "L.L.C,	," or "LLC.")
diana		2		= ~	
(lurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI mumb	ar, if applicable)	
				A 22	
pon qualification				25 5	
 .	(Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	registration.)		<u> </u>	Ī
	(See sections 605.0904 & 605.0905, F.S. to determine			PH	
312 Timberline Drive		931	2 Timberline Drive		
(Street Address of Principal Office)		6	(Mailing Addr	<u> </u>	
. 4" 1"- DI 47067		7 - 1	U- DI 46266	DE S	
idianapolis, IN 46256		indi	anapolis, IN 46256		
Name:	Florida Filing & Search Services, Inc.				
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	155 Office Plaza Drive				
Office Address:					
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Office Address:	Tallahassee		, Florida)	
	Tallahassee (City)			·)	
istered agent's accep	Tallahassee (City)		, Florida(Zip code		wat the ol
istered agent's accep ing been named as re	Tallahassee (City)	process for i	, Florida(Zip code	liability compan	
gistered agent's accep ving been named as re ignated in this applica omply with the provis	Tallahassee (City) otance: egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper	process for i	, Florida(Zip code the above stated limited agent and agree to act i	liability compan in this capacity.	I further
gistered agent's accep ving been named as re ignated in this applica comply with the provis	Tallahassee (City) otance: egistered agent and to accept service of pation, I hereby accept the appointment as	process for i	, Florida(Zip code the above stated limited agent and agree to act i	liability compan in this capacity.	I further
gistered agent's acceptiving been named as resignated in this applications	Tallahassee (City) otance: egistered agent and to accept service of pation, I hereby accept the appointment assions of all statutes relative to the proper	process for a s registered and comple	, Florida(Zip code the above stated limited agent and agree to act i	liability compan in this capacity.	I further

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: Laura T. Dahlem, Trustee of the Manager Manager Manager Name: ____ Laura T. Dahlem Revocable Address: Member Member Address: ______ Trust dated 9-7-2007 Authorized Authorized 9312 Timberline Dr., Indianapolis, IN Person Person Other_ Other Manager Name: _____ Name: Member Address: _____ Address: Authorized Authorized Person Person Other____ Other ____ Other Other Manager Manager Manager Name: _____ Name: _____ 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. 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. Signature of an authorized person Laura T. Dahlem, Trustee

Typed or printed name of signee

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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

2019 AUG -8 PM SECRETARY OF S ALLAHASSEE, FL

LORELEI PROPERTIES, LLC

duly filed the requisite documents to commence business activities under the laws of the state of Indiana on July 23, 2019, and was in existence of authorized to transact business in the State of Indiana on August 08, 2019.

I further certifyithis Domestic Limited Liability Company has filed its most recent report required by Indiana law withithe Secretary of State, or is not vet 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, August 08, 2019

Corrie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201907231336356 / 20191057023

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate Expires on September 07, 2019.