(Requestor's Name) (Address)	50581555 700331989237
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	07/29/1901031034 **/60.08
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	[편 탄] 편 1 편 1] 2019 AUS 22 PH 나 20 고 티
Office Use Only	B KINSEY AUG 2 2 2019



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 7, 2019

MARC MILES 333 TAMIAMI TRAIL S., STE 219 VENICE, FL 34285

SUBJECT: 162 PROGRESS CIRCLE, LLC Ref. Number: W19000072286

We have received your document for 162 PROGRESS CIRCLE, LLC and your check(s) totaling \$250.00. 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.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 219A00016202

www.sunbiz.org

Division of Comparations DO DOV 6227 Tollahouse Florida 22214

TO: Registration Section Division of Corporations

SUBJECT: 162 PROGRESS CIRCLE, 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:

Marc M	liles			- and -	_	
	Na	me of Person				
Law Of	fices of Marc	J. Miles	P.A.			
·	Fi	rm/Company			_	
333 Ta	miami Trail S	5. Ste. 21	9			
		Address				
Venice	, FL 34285					
	City/St	tate and Zip Code			-	
mmiles(@marcmilesla	aw.com		÷	3019 AUG	
	E-mail address: (to be used	for future annual	report noti	fication) -	50V	
For further information concerning	g this matter, please call:				22	<u>⊐n</u> , 2₩
Marc Miles		,941	,484	-8280	pH	- L
Name o	f Contact Person	Area Code	Dayt	ime Telephone Number	- է։ 20	\subseteq
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registration Clifton Bu 2661 Exec	cutive Center Circle	0	
			Tallahasse	re, FL 32301		
Enclosed is a check for the follow S 125.00 Filing Fee	ing amount: S130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	□ \$160.00 Filing Fee. of Status & Certified C		ate

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

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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:

,	RCLE, LLC Limited Liability Company; must include "Lim	nited Liabilit	y Company," "L L.C.," or "LL	C.")	
(If name unavailable, enter alternate n	name adopted for the purpose of transacting business in	Florida The a	lternate name must include "Limited	Liability Company," "L.	1. C." or "Ll.C.")
2. Indiana		3.			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI)	number, if applicable)	
1					
ч	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605 0905, F.S. to dete				~
200 Rurd May	(see seenois ous over a ous over, 1.5 to dea		162 Progress Cir		2019
5. 200 Byrd Way (Street Address of)	Principal Office	6.		Address)	
Suite 115			Venice, FL 34285		
Greenwood, IN 461	43				 ^
7			unaantah la)	,	<u><u></u></u>
7. Name and street addres	ss of Florida registered agent: (P.O. B	ox <u>NUT</u>	acceptable)	-,	ŗ Ū
Name:	Law Offices of Marc J. Miles P.	A			20
Office Address:	333 Tamiami Trail S. Ste. 219	_			
	Venice		, Florida <u>34285</u>		
	(City)		, Florida <u></u> (Zir	code)	
to comply with the provis	tion, I hereby accept the appointmentions of all statutes relative to the prop	t as regist		act in this capacit	y. I further agre
to comply with the provis	tion, I hereby accept the appointment	t as regist	ered agent and agree to	act in this capacit	y. I further agre
to comply with the provis	tion, I hereby accept the appointmentions of all statutes relative to the prop	t as regist per and co	ered agent and agree to	act in this capacit	y. I further agre
to comply with the provis and accept the obligation	tion, I hereby accept the appointment ions of all statutes relative to the prop s of my position as registered agent. (Registered agen	t as regist per and co n's signature)	ered agent and agree to mplete performance of i	act in this capacit ny duties, and I a	y. I further agre
to comply with the provision and accept the obligation 8. The name, title or capa	tion, I hereby accept the appointment ions of all statutes relative to the prop s of my position as registered agent. (Registered agen acity and address of the person(s) who	t as regist per and co nt's signature) has/have	ered agent and agree to mplete performance of r authority to manage is/ar	act in this capacit ny duties, and I a 	y. I further agro m familiar with
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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

162 PROGRESS CIRCLE, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on July 17, 2019, and was in existence or authorized to transact business in the State of Indiana on August 17, 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 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 17, 2019

Corrie Jamson

CONNIE LAWSON SECRETARY OF STATE

201907171334516 / 20191068043 All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate Expires on September 16, 2019.