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2019 AUG 28 PM 4: 32 SECRETARY OF STATE

Y SCOTT

AU628 2019



August 17, 2019

JENNIFER PRICE 460 VIRGINIA AVE. INDIANAPOLIS, IN 46203

SUBJECT: 2409 EAST 2ND AVENUE-INVESTOR, LLC

Ref. Number: W19000076692

We have received your document for 2409 EAST 2ND AVENUE-INVESTOR, 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.

Letter Number: 619A00017019

Yvette Scott Document Specialist II

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

IN COMPLIANCE WITH SECTION 605,000, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 2409 East 2nd Avenue - Investor, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L L.C.," or "LLC.") (If name unavailable, cuter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "L.L.C," or "L.L.C." Indiana (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605.0905, F.S. to determine penalty liability) 460 Virginia Avenue 460 Virginia Ave 5. (Sirger Address of Principal Office) Indianapolis, IN 46203 Indianapolis, IN 46203 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agent Solutions, Inc. Name: 155 Office Plaza Dr. Suite A Office Address: Tallahassee

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.

Jaclyn Wright, Asst. 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

Fitle or Capacity:	Name and Address:	Title or Capacit	<u>Y:</u>	Name and Address:
Manager	Name: Tadd M. Miller	Manager	Name:	·-
Member	Address: 460 Virginia Avenue	☐ Member	Address:	
Authorized	Indianapolis, 1N 46203	Authorized		
Person		Person		
Other	Other	Other		Other
Manager	Name,	☐ Manager	Name:	2019 AUG 2
Member	Address:	☐ Member	Address:	ζς α ι
Authorized		Authorized		
Person	*	Person		i: 32
Other	Other	Other		Other
Manager	Name:	☐ Manager	Name:	
Member	Address:	☐ Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
Other		Other The attachment will be in Florida Department of Standard d. duly authenticated by the control of t	naged for repor ite Annual Repo ne official havir	ting purposes only. Nort form.

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 \$.817.155, F.S.

Docusigned by:	_ , ,
Signat Signat	ture of an authorized person
Tadd M. Miller	Manager
Type	g or printed name of signee

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

2409 EAST 2ND AVENUE - INVESTOR, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on July 29, 2019, and was in existence or authorized to transact business in the State of Indiana on August 26, 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, August 26, 2019

Corrie Famon

CONNIE LAWSON
SECRETARY OF STATE

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

Expires on September 25, 2019.