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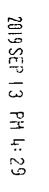
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COVER LETTER

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Registration Section Division of Corporations

TO:

	Name of	Limited Liability	Company	
	ion by Foreign Limited Liability Come submitted to register the above refer			
Please return all corresp	oondence concerning this matter to the	e following:		
	Thomas S. Botkin			
	,	Name of Person		_
	Botkin & Hall, L	LP		
	I	irm/Company		_
	1003 N. Hickory	Road		
		Address		
	South Bend, IN	46615		
	City/S	State and Zip Code		_
	tbotkin@bhlawyer E-mail address: (to be use	s.net		
	E-mail address: (to be use	ed for future annua	I report notification)	_
For further information	concerning this matter, please call:			20
Thomas	s S. Botkin	at (547	234-3900	2019 SEP 13
	Name of Contact Person	Area Code	Daytime Telephone Number	SEP TO
MAILING A Division of Co			STREET ADDRESS: Division of Corporations	ω " - pp
Registration S			Registration Section	ئے۔ ازر جے
P.O. Box 6327 Tallahassee, F			Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	: 29
	theck for the following amount: heck payable to: FLORIDA DEPAR	TMENT OF STA	те	
_	iling Fee \$130.00 Filing Fee			ng Fee, Certificate

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

	REAL ESTATE, LLC Limited Clability Company; must include "Climite	ed Linbility Course		
		ed Eldottiky Coupe	any," "L.L.C.," or "LLC.")	
mavailable, enter ulternate r	name adopted for the purpose of transacting business in Flo	orida. The alternate in	Ame must include "Limited Liability Co.	inpany," "L.L.C," or "
Indiana			N1 / A	
I HOLLAHA	hich foreign lumited liability company is organized)	3	N/A (FEI number, if app	olicable)
	, , , , , , , , , , , , , , , , , , ,		(i this issumber, it app	AICEDIO)
N/A				
N/A	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	recent retion \		
	(See sections 605.0904 & 605.0905, F.S. to desert	nine penalty liability)		
4625 Weste	rn Avenue			
(Street Address of	rn Avenue Principal Offico)	6. <u> </u>	(Mailing Address)	
			(**************************************	
South Rend	, IN 46619			
				r
				. (
ne and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	x <u>NOT</u> accepta	ible)	<u>.</u>
				; -
				•
Name:	URS Agents, LLC		•	:
Office Address:	3458 Lakeshore Dri	ve		; - !
			-	
	Tallahassee		, Florida 32312	

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)

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: Ron Whiteford Name: John Weis Manager Manager Address: 4625 Western Ave Address: 4625 Western Ave. KXMember. Member South Bend, IN 46619 ☐ Authorized South Bend, IN 46619 X Authorized Person Person Other____ Other____ Other___ Other____ Manager Name: Thomas S. Botkin Manager Manager Address: 1003 N. Hickory Rd. Member ☐ Member Address: South Bend, IN 46615 X Authorized ☐ Authorized Person Person Other Other____ Other_ Manager Manager 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. 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 Thomas S. Botkin

Typed 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

JABEZ REAL ESTATE, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on July 26, 2001, and was in existence or authorized to transact business in the State of Indiana on September 12, 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, September 12, 2019

Corrie Lamon

CONNIE LAWSON
SECRETARY OF STATE

2001080100054 / 20191101647

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

Expires on October 12, 2019.