Naces Septiments

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



200337845452

12/13/19--01015--002 **130.00

WINDER IS PH 3: 33



OFFICE LOCATIONS

Indianapolis, IN Washington, DC San Francisco, CA Minneapolis, MN

December 11, 2019

Division of Corporations The Centre of Tallahassee 2415 N Monroe Street, Ste 810 Tallahassee, FL 32303

RE: Application by Foreign Limited Liability Company for

Authorization to Transact Business in Florida 908 – Scannell (Tallahassee III), LLC

To Whom It May Concern:

Enclosed please find an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for 908-Scannell (Tallahassee III), LLC. Also, please find cheek # 51915 in the amount of \$130.00 for the filing fee and certificate of status as well as a Delaware Certificate of Good Standing.

Please file with your office and provide evidence of this filing to Scannell Properties at 8801 River Crossing Boulevard, Suite 300, Indianapolis, IN 46240 in the enclosed FedEx Envelope. If you have any questions or concerns, please feel free to contact me at 317.218.1675. Thank you in advance for your assistance in this matter.

Regards,

Joan Emminger

Legal/Financial Assistant

Telephone: 317.843.5959

Facsimile: 317.843.5957

COVER LETTER

TO:		istration Section ision of Corporations				
SUBJE		908 - Scannell (Tallahas	ssee III), LLC			
SUBJE	.C1.		Name	of Limited Liability	Company	
The end Existen	closed ice, an	l "Application by Foreigr id check are submitted to	n Limited Liability Co register the above re	ompany for Authoriz ferenced foreign lim	ation to Transact Business in ited liability company to tran	Florida," Certificate of sact business in Florida.
Please	return	all correspondence conc	eerning this matter to	the following:		
		Joan Emminger				
			· - · ·	Name of Person		
		Scannell Properties	1			
				Firm/Company	<u>-</u> :	17/11/2019 C
•		8801 River Crossin	ng Boulevard, Suite 3	00		も 六
				Address		
		Indianapolis, IN 46	5240			
			Cit	y/State and Zip Code	>	<u> </u>
		joane@scannellprop	erties.com			•
		E	-mail address: (to be	used for future annua	l report notification)	
For fur	ther in	nformation concerning th	is matter, please call:			
	Joa	n Emminger		317 at (218-1675	
		Name of C	ontact Person	Area Code	e Daytime Telephone l	Number
	Div Reg P.O	rision of Corporations gistration Section b. Box 6327 lahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	rcle
		closed is a check for the fase make check payable		ARTMENT OF STA	ATE	
		• •	\$130.00 Filing F Certificate of	ee & 🔲 \$155.0	0 Filing Fee & 🔲 \$160.	.00 Filing Fee, Certificate atus & Certified Copy

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 YOMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	me adopted for the purpose of transacting business in Florida	The alternate name must includ	le "Limited Liability Compa	ny," "LLC," or "LU
name unavallable, enter alternate na Delaware	use students for the hardone of distinctional pressures in a second	84-3923775		
(Jurisdiction trader the law of wh	ch foreign limited liability company is organized)	3. (产且 cumber, if applicable)		
·				2.191.10
	(Date first transacted business in Florida, if prior to reg (See sections 603,0904 & 605,0905, F.S. to determine	umilos.) pensity liebitity)		(-) (-)
8801 River Crossing Be	oulevard	8801 River Cros	ssing Boulevard	
(Street Address of P	rincipal Office)	6	(Mailing Address) C	. 🗻
Suite 300		Suite 300	· · · · · · · · · · · · · · · · · · ·	. P.
Indianapolis, IN 46240		Indianapolis, IN	46240	
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)		
Name:	Cogency Global Inc.			
Office Address:	115 N. Calhoun St. Suite 4			
			32301	

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.

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Douglas L. Snyder Robert J. Scannell Manager Name: Manager 8801 River Crossing Blvd. Ste : 8801 River Crossing Blvd Ste 3 Address: Member Member Indianapolis, IN 46240 Indianapolis, IN 46240 Authorized Authorized Person Person Other Other Other_ Other James C. Carlino Manager Manager 8801 Rive Crossing Blvd Ste 30 8801 River Crossing Blvd Ste 3 Member ☐ Member Indianapolis, IN 46240 Indianapolis, IN 46240 Authorized Authorized Person Person Other____ Other_ Other_ Marc D. Pfleging Name: __ Name: _____ Manager Manager Address: ____ 8801 River Crossing Blvd Ste 3 Address: Member | Member Indianapolis, IN 46240 Authorized ☐ Authorized Person Person __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 Marc D. Pfleging

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "908 - SCANNELL (TALLAHASSEE III), LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE TENTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "908 - SCANNELL (TALLAHASSEE III), LLC" WAS FORMED ON THE NINTH DAY OF DECEMBER,

A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

MALENDSSEE FUNDS



Authentication: 204179308

Date: 12-10-19