## M2000000575

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	01/14/2020	
Name:		<del></del>
Reference #:	4475070	
Entity Name:	TALLAHASSEE PRO	OPERTY INVESTORS I JV, LLC
✓ Article	s of Incorporation/Authorizat	ion to Transact Business
Amen	dment	2020
☐ Chang	ge of Agent	2020 J.H. 14
Reins	tatement	F
Conve	ersion	ယ္
Merge	er	 O
Dissol	lution/Withdrawal	
☐ Fictition	ous Name /	
✓ Other	CERTIFIC	ATE OF STATUS UPON FILING
Authorized A	mount: \$120.00	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

Date:01/14/2020	
Name: Chris Vick	
Reference #:	
Entity Name: TALLAHASSEE PROPERTY INVESTORS I JV, LLC	_
✓ Articles of Incorporation/Authorization to Transact Business	
☐ Amendment	
Change of Agent	
Reinstatement	202
Conversion	2020 JAN 14
☐ Merger	<u></u>
☐ Dissolution/Withdrawal	PH 3:
Fictitious Name	<u></u>
Other CERTIFICATE OF STATUS UPON FILING	
Authorized Amount: \$130.00 Signature:	

## **COVER LETTER**

TO:

	Registration Section Division of Corporations	
SUBJEC	Tallahassee Property Investors I JV, LLC	
OBJEC		of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flori
lease re	turn all correspondence concerning this matter to	the following:
	Joan Emminger	
		Name of Person
	Scannell Properties	
		Firm/Company
	8801 River Crossing Boulevard, Suite 3	300
		Address
	Indianapolis, Indiana 46240	
	Ci	ity/State and Zip Code
	joane@scannellproperties.com	
	E-mail address: (to be	used for future annual report notification)
or furth	er information concerning this matter, please cal	l:
	Joan Emminger	317 218-1675 20
	Name of Contact Person	at ( Daytime Telephone Number Street Address:
	Mailing Address: Registration Section	Registration Section
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee ω
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810  Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP.  ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee  Certificate o	e & 🗆 \$155.00 Filing Fee & 🗀 \$160.00 Filing Fee, Certificate

## 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, Tallahassee Property In	vestors I JV, LLC					
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Compan	y," "L.L.C.," or "LLC.")			
(If name unavailable, enter alternate :	name adopted for the purpose of transacting business in Flor	ida. The alternate na	me must include "Limited Liability Co	ompany," "L.L.C," or "LLC.		
Delaware		84-426				
2. (Jurisdiction under the law of which foreign limited liability company is organized)		3(FEI number, if applicable)				
4	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	gistration.) penalty liability)				
8801 River Crossing Boulevard			iver Crossing Boulevard			
5. (Street Address of Principal Office)		6	uling Address)			
Suite 300		Suite 30	00			
Indianapolis, IN 46240		Indiana	polis, IN 46240	20		
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptab	ole)	20 74.1.1		
Name:	Cogency Global Inc.			P3 :		
Office Address:	115 North Calhoun Street, Suite 4			ني <u>.</u> بي بي		
	Tallahassee		32301 Florida			
	(City)		(Zip code)			

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:		
<b>⊞</b> Manager	Name: Robert J. Scannell	<b>⊟</b> Manager	Name: Bouglas L. Snyder  8801 River Crossing Boulevard		
□Member	Address: 8801 River Crossing Boulevard	□Member			
□Authorized	Suite 300	☐ Authorized	Suite 300 Indianapolis, IN 46240		
Person	Indianapolis, IN 46240	Person			
Other	Other	□Other	□ Other		
■Manager	Name: James C. Carlino	■Manager	Name: Ralph I. Shiley		
□Member	Address: 8801 River Crossing Boulevard	□Member	Address: 8801 River Crossing Boulevard		
□Authorized	Suite 300	□Authorized	Suite 300 Indianapolis, IN 46240		
Person	Indianapolis, IN 46240	Person			
□Other	Other	□Other	Other		
<b>⊟</b> Manager	Name: Marc D. Pfleging	□Manager	Name:		
□Member	Address: 8801 River Crossing Boulevard	□Member	Address:		
□Authorized	Suite 300	□Authorized			
Person	Indianapolis, IN 46240	Person	<u>Ξ</u>		
Other	Other	□Other	 Other <u>'</u>		

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.

Man 75	
Signature of an authorized person	
Marc D. Pfleging	
Typed or printed assess of signer	



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

DELAWARE, DO HEREBY CERTIFY "TALLAHASSEE PROPERTY INVESTORS I JV,

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 THIRTEENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TALLAHASSEE PROPERTY INVESTORS I JV, LLC" WAS FORMED ON THE THIRTEENTH DAY OF JANUARY, A.D. 2020.

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

ZUZU JARITU PH 3: 19

7797347 8300

Date: 01-13-20

Authentication: 202177628