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(Requestor's Name)			
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PICK-UP WAIT	MAIL		
(Business Entity Nam	e)		
(Document Number)			
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	Courter Communicat	ions, LLC
., ., ., ., .	Name of Limited Liability Company	
		ign Limited Liability Company for Authorization to Transact Business in Florida." Certificate o to register the above referenced foreign limited liability company to transact business in Florida
Please r	return all correspondence co	oncerning this matter to the following:
	Margo Kinzer C	ourter
		Name of Person
	Courter Commu	nications, LLC
		Firm/Company
	201 W. Marion	Ave Unit 1403
		Address
	Punta Gorda, FI.	
		City/State and Zip Code
	courtercx@gmail.	com
		E-mail address: (to be used for future annual report notification)
For furt	her information concerning	this matter, please call:
	Margo Kinzer Courter	317 696-9954 at ()
	Name of	Contact Person Area Code Daytime Telephone Number
Mailing Address:		Street Address: Registration Section
Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		
		Tallahassee, FL 32303
	Enclosed is a check for the Please make check payable	e following amount: e to: FLORIDA DEPARTMENT OF STATE
	■ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 005/002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Courter Communicatio	ns, LLC Limited Liability Company; must include "Limited	11.11.	ZY 16-10 (1-10 C)	3.22.0.		
Courter Communications		a Frability	Company, L.L.C., or "	T.I.C.		
(If name unavailable, enter alternate :	name adopted for the purpose of transacting business in Fl	orida. The al	ternate name must include "1.	amited Liability Company," "	L.L.C." or "LLC."	
Indiana 2		3	37-1475670			
2. (Jurisdiction under the law of which foreign limited hability company is organized)		-'-	.5(PEI number, (Capplicable)			
March February 1, 2020 M						
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determi	registration ine penalty li	apilità i			
201 W. Marion Ave Unit 1403 5. (Street Address of Principal Office)			201 W, Marion Ave			
(Street Address of Principal Office)		_	(Mailing Address)			
Punta Gorda, FL 33950		1	Punta Gorda, FL 33950			
		=				
7. Name and <u>street addres</u>	s of Florida registered agent: (P.O. Box	<u>NOT</u> ac	cceptable)	2828 JAM	TI	
Name:	Margo Kinzer Courter			() () () () () () () () () ()		
Office Address:	201 W. Marion Ave Unit 1403			7 5		
	Punta Gorda		3395 , Florida	50 3. U		
	(City)		γZ)	p 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.

Margo Kinzer Courter

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: Calvin Courter Name: Margo Kinzer Courter ■ Manager □Manager 201W. Marion Ave 201W. Marion Ave □Member ■ Member Punta Gorda, FL 33950 Punta Gorda, FL 33950 Authorized Authorized Person Person ☐Other____ □Other_____ Other □Other____ □Manager □Manager Name: ____ Name: _____ Address: □Member Address: ___ □ Authorized □ Authorized Person Person □Other_____ □Other Other □Other_____ Name: _____ □Manager □ Manager Name: ☐ 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. Margo Kinzer Courter
Signature of an authorized person Margo Kinzer Courter

lyped or printed name of signee

State of Indiana Office of the Secretary of State

Certified Copies

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 this is a true and complete copy of this 4 page document consisting of the following records filed in this office: / / \^

Certification Date: Business Name: Business ID:	January 27,-2020 COURTER COMMUNICAT 2003082200057 /	TIONS, LLC		
Transaction	Dat	te Filed No	o. of pages	
. Articles of Organizat	tion ' ' 08/2	21/2003	2 2	
Business Entity Rep	ort 06/2	14/2019		
<u> </u>	Total N	o. of pages	4	



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, January 27, 2020

Corrie Famon

CONNIE LAWSON SECRETARY OF STATE

2003082200057 / 12478967

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate Expires on February 26, 2020.

Page 1 Of 5 Certificate ID:12478967

State of Indiana Office of the Secretary of State

CERTIFICATE OF ORGANIZATION

of

COURTER COMMUNICATIONS, LLC

I, TODD ROKITA, Secretary of State of Indiana, hereby certify that Articles of Organization of the above Domestic Limited Liability Company (LLC) have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Flexibility Act.

NOW, THEREFORE, with this document I certify that said transaction will become effective Thursday, August 21, 2003.



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 21, 2003.

Cosh Robits

TODD ROKITA, SECRETARY OF STATE

2003082200057/2003082243541

Page 2 Of 5

BUSINESS INFORMATION CONNIE LAWSON INDIANA SECRETARY OF STATE 01/27/2020 08:02 AM

Business Details

Business Name: COURTER COMMUNICATIONS, LLC

Entity Type: Domestic Limited Liability Company

Business Status: Active

Creation Date: 08/21/2003

Inactive Date:

Principal Office Address:

4360 N. 1000 East, Whitestown, IN, 46075,

Expiration Date: Perpetual

Jurisdiction of Formation: Indiana

Business Entity Report Duc 08/31/2021

Date:

Business ID: 2003082200057

Years Due:

Principal Information

Title

Name Address

Member Margo Kinzer Courter 4360 N. 1000 East, Whitestown, IN, 46075, USA

Registered Agent Information

Type: Individual

Name: MARGO KINZER COURTER

Address: 4360 N. 1000 EAST, WHITESTOWN, IN, 46075, USA