

MAR 11 2020

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fine Properties of Indianapolis, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Sasha L. Eastburn, Esq.  
Name of Person

Eastburn Law Firm, PA  
Firm/Company

5365 E County Hwy 30A, Ste 105  
Address

Santa Rosa Beach, FL 32459  
City/State and Zip Code

skfine8@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sasha L. Eastburn at ( 850 ) 260-3332  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & 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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Fine Properties, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Fine Properties of Indianapolis, LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Indiana  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-4212564  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 7499 Edgewater Drive  
(Street Address of Principal Office)

6. 7499 Edgewater Dr.  
(Mailing Address)

Indianapolis, IN 46240

Indianapolis, IN 46240

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Eastburn Law Firm, PA

Office Address: 5365 E County Hwy 30N, Ste 105

Santa Rosa Beach

(City)

Florida

32459

(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.

[Signature]  
(Registered agent's signature)

2020 MAR -5 PM 10:25  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

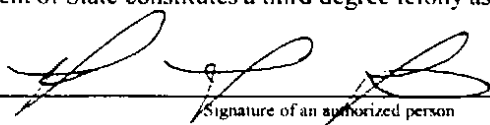
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Steven J. Fine</u>	<input type="checkbox"/> Manager	Name: <u>Karen Fine</u>
<input checked="" type="checkbox"/> Member	Address: <u>7499 Edgewater Dr.</u>	<input checked="" type="checkbox"/> Member	Address: <u>7499 Edgewater</u>
<input type="checkbox"/> Authorized	<u>Indianapolis, IN 46240</u>	<input type="checkbox"/> Authorized	<u>Indianapolis, IN 46240</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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.

  
\_\_\_\_\_  
Signature of an authorized person  
Sasha L. Eastburn, Esq  
\_\_\_\_\_  
Typed or printed name of signer

**State of Indiana**  
**Office of the Secretary of State**

**Certified Copies**

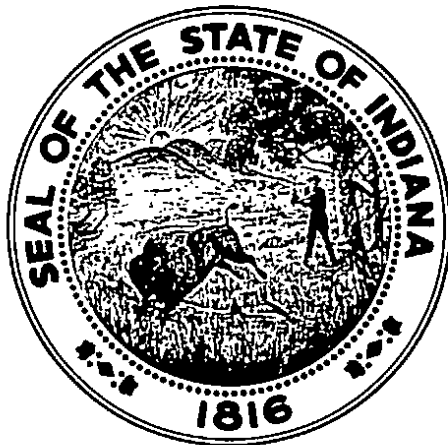
To Whom These Presents Come, Greeting:

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 2 page document consisting of the following records filed in this office:

Certification Date: February 26, 2020  
Business Name: FINE PROPERTIES, LLC  
Business ID: 201801291236722

Transaction	Date Filed	No. of pages
Business Entity Report	02/03/2020	2
Total No. of pages		2



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, February 26, 2020

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

201801291236722 / 12557783

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

Expires on March 27, 2020.