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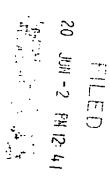
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER .

TQ;		tration Section on of Corporations					
SUBJI	FCT.	RECREATIONAL INVESTI	MENTS LLC				
3000	EC1	Name of Limited Liability Company					
			ompany for Authorization to Transact Business in Floreferenced foreign limited liability company to transact				
Please	return al	Il correspondence concerning this matter to	the following:				
		TINA M. FISCHER					
		-	Name of Person				
		FLETCHER FISCHER POLLACK P.L	•				
			Firm/Company				
		433 CENTRAL AVENUE SUITE 4	00				
		Address					
		ST PETERSBURG, FLORIDA 33701	\cdot ;	20			
	City/State and Zip Code						
		TFISCHER@FFPLEGAL.COM	,	LED -2 PM -			
		E-mail address: (to be to	used for future annual report notification)				
For fu	rther info	ormation concerning this matter, please call:	:	172			
	TINA	M. FISCHER	813 898-2828	三			
		Name of Contact Person	Area Code Daytime Telephone Num	iber			
	Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Please	sed is a check for the following amount: make check payable to: FLORIDA DEPA 25.00 Filing Fee S130.00 Filing Fee Certificate of	& 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing	g Fee, Certificate & 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 HABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: RECREATIONAL INVESTMENTS LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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.") INDIANA 84-4689412 2. [Jurisdiction under the law of which foreign limited liability company is organized] (FEI number, if applicable) (Date first transacted sustness in Florida, if prior to registration.) (See sections 605,0904 & 605,0903, F.S. to determine penalty liability) P. O. BOX 561 2573 WEST 100 NORTH (Mailing Address) (Street Address of Principal Office) GREENFIELD, IN 46140 GREENFIELD, IN 46140 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) FLETCHER FISCHER POLLACK P.L. Name: 433 CENTRAL AVENUE SUITE 400 Office Address: ST PETERSBURG

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:	
□Manager	Name:	□Manager	Name: LINCOLN HINE	
■Member	Address: P. O. BOX 56 1	≘Me mber	Address: P. O. BOX 561	
□Authorized	GREENFIELD, IN 46140	□Authorized	GREENFIELD, IN 46140	
Person		Person		
Other		Other		
∃Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address: 2	
□Authorized		□Authorized		
Person		Person	- 2	
□Other	Other	□Other	Other =	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	Other	Other	Other	

- 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.

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
RECREATIONALINVESTMENTS LLC
A CONCENTIONAL METERS ELEC
duly filed the requisite documents to commence business activities under the laws of the State of
Indiana on January 16, 2020, and was in existence or authorized to transact business in the State of
Indiana on May 08, 2020.
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.
STATE
In Witness-Whereof, I have caused to be affixed my
signature and the seal of the State of Indiana, at the City
of Indianapolis, May 08, 2020

Corrie Hamon

CONNIE LAWSON
SECRETARY OF STATE

202001161368034 / 20201424715

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate Expires on June 07, 2020.



June 1, 2020

TINA M FISCHER FLETCHER FISCHER POLLACK P.L. 433 CENTRAL AVENUE SUITE 400 ST PETERSBURG, FL 33701 US

SUBJECT: RECREATIONAL INVESTMENTS LLC

Ref. Number: W20000053001

We have received your document for RECREATIONAL INVESTMENTS LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please list the complete principal office address.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Laura D Chang Regulatory Specialist II

6/2 Received Corrected Paperwork DC

Letter Number: 920A00010768