

M20000004916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

6/2 Received Corrected paperwork

Rec'd
5-18-20

6/2
WDC

Office Use Only



100344249931

05/20/20--01002--006 **130.00

FILED
20 JUN -2 PM 12:41

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RECREATIONAL INVESTMENTS 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:

TINA M. FISCHER

Name of Person

FLETCHER FISCHER POLLACK P.L.

Firm/Company

433 CENTRAL AVENUE SUITE 400

Address

ST PETERSBURG, FLORIDA 33701

City/State and Zip Code

TFISCHER@FFPLEGAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TINA M. FISCHER

813

898-2828

at ()

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

FILED
20 JUN -2 PM 12:41

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. 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.")

2. INDIANA 3. 84-4689412
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 2573 WEST 100 NORTH
(Street Address of Principal Office)

6. P. O. BOX 561
(Mailing Address)

GREENFIELD, IN 46140

GREENFIELD, IN 46140

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

Name: FLETCHER FISCHER POLLACK P.L.

Office Address: 433 CENTRAL AVENUE SUITE 400

ST PETERSBURG 33701
(City) , Florida (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)

FILED
20 JUN -2 PM 12:41


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: JAY HINE	<input type="checkbox"/> Manager	Name: LINCOLN HINE
<input checked="" type="checkbox"/> Member	Address: P. O. BOX 561	<input checked="" type="checkbox"/> Member	Address: P. O. BOX 561
<input type="checkbox"/> Authorized	GREENFIELD, IN 46140	<input type="checkbox"/> Authorized	GREENFIELD, IN 46140
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: 20
 <input type="checkbox"/> Authorized		 <input type="checkbox"/> Authorized	 Jul 11 - 2
Person		Person	PM 12:41
<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

Lincoln J.A. Hine, member

Typed or printed name of signee

**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

RECREATIONAL INVESTMENTS LLC

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.



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

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

202001161368034 / 20201424715

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

Expires on June 07, 2020.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

Letter Number: 920A00010768

*6/2 Received corrected
paperwork WDC*