

M20000005864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

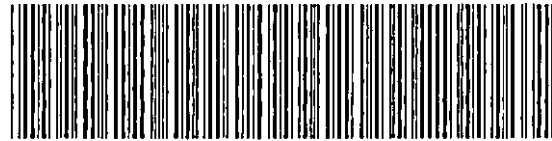
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JUL 06 10:59

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T GLASS

JUL 06 2020

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 340490-5

AUTHORIZATION

COST LIMIT

[Signature]
~~\$425.00~~ 155 *(R)*

ORDER DATE : 07/02/2020

ORDER TIME : 10:49 am

ORDER NO. : 340490-5

CUSTOMER NO: 8094095

FOREIGN FILINGS

NAME: DAUBY O'CONNOR & ZALESKI LLC

☒ QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson, ext 62968

EXAMINER: _____

COVER LETTER

**O: Registration Section
Division of Corporations**

SUBJECT: Dauby O'Connor & Zaleski 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:

Nancy Polley

Name of Person

Dauby O'Connor & Zaleski LLC

Firm/Company

501 Congressional Blvd

Address

Carmel, IN 46032

City/State and Zip Code

npolley@doz.net

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

For further information concerning this matter, please call:

Nancy Polley

317

819-6110

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

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:

Dauby O'Connor & Zaleski 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

35-1750664

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 registration)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

501 Congressional Blvd

501 Congressional Blvd.

5. (Street Address of Principal Office)

6. (Mailing Address)

Carmel, IN 46032

Carmel, IN 46032

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

Name:

Corporation Service Company

Office Address:

1201 Hays Street

Tallahassee

, Florida

32301

(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):

<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: Greg Wasiak	<input type="checkbox"/> Manager	Name: Steve Dauby
<input checked="" type="checkbox"/> Member	Address: 501 Congressional Blvd.	<input checked="" type="checkbox"/> Member	Address: 501 Congressional Blvd.
<input type="checkbox"/> Authorized	Suite 300	<input type="checkbox"/> Authorized	Suite 300
<input type="checkbox"/> Person	Carmel, IN 46032	<input type="checkbox"/> Person	Carmel, IN 46032
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Heather Perry	<input type="checkbox"/> Manager	Name: Cemal Ozdemir
<input checked="" type="checkbox"/> Member	Address: 501 Congressional Blvd.	<input checked="" type="checkbox"/> Member	Address: 501 Congressional Blvd.
<input type="checkbox"/> Authorized	Suite 300	<input type="checkbox"/> Authorized	Suite 300
<input type="checkbox"/> Person	Carmel, IN 46032	<input type="checkbox"/> Person	Carmel, IN 46032
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Nancy Morton	<input type="checkbox"/> Manager	Name: Kenny Dennison
<input checked="" type="checkbox"/> Member	Address: 501 Congressional Blvd.	<input checked="" type="checkbox"/> Member	Address: 501 Congressional Blvd.
<input type="checkbox"/> Authorized	Suite 300	<input type="checkbox"/> Authorized	Suite 300
<input type="checkbox"/> Person	Carmel, IN 46032	<input type="checkbox"/> Person	Carmel, IN 46032
<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

Gregory Wasiak

Typed or printed name of signer

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

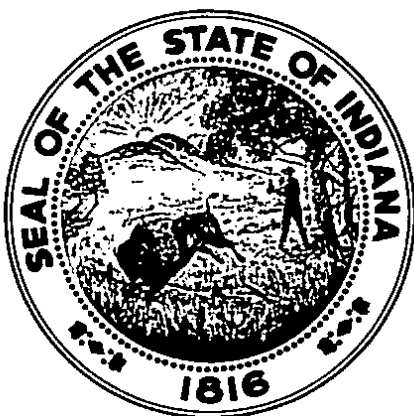
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

DAUBY O'CONNOR & ZALESKI, A LIMITED LIABILITY COMPANY

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on August 01, 1994, and was in existence or authorized to transact business in the State of Indiana on July 01, 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, July 01, 2020

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

1994080056 / 20201502875

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

Expires on July 31, 2020.