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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

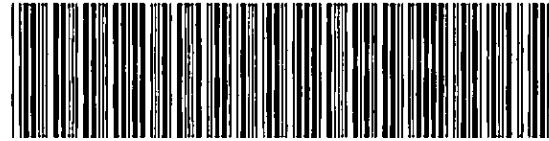
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2021-11-11
11:11 AM
FBI - NEW YORK



KAHN, DEES, DONOVAN & KAHN, LLP
Attorneys & Counselors at Law



Ashley R. Hollen
ahollen@kddk.com

September 30, 2020

VIA UPS OVERNIGHT DELIVERY

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

RE: Naples SI, LLC

To Whom It May Concern:

Enclosed on behalf of our client, Naples SI, LLC are the following:

1. Cover Letter;
2. Application by Foreign Limited Liability for Authorization to Transact Business in Florida;
3. Certificate of Existence issued by the Indiana Secretary of State, and
4. Our firm's check in the amount of One Hundred Thirty Dollars (\$130.00).

Also enclosed is a self-addressed stamped envelope for your convenience in returning a copy to me.

If you have any questions, please call me.

Cordially,

KAHN, DEES, DONOVAN & KAHN, LLP

Ashley R. Hollen

ARH/bad:481834
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Naples SI, 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:

Ashley R. Hollen, Esq.

Name of Person

Kahn, Dees, Donovan & Kahn, LLP

Firm/Company

PO Box 3646

Address

Evansville, Indiana 47735

City/State and Zip Code

ahollen@kddk.com

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

For further information concerning this matter, please call:

Margaret S. Hungate

812

425-2428

Name of Contact Person

at (_____) _____

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 &

☐ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Naples SI, 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FBI 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. 10999 Stahl Road, Suite B
(Street Address of Principal Office)
Newburgh, Indiana 47630

6. 10999 Stahl Road, Suite B
(Mailing Address)
Newburgh, Indiana 47630

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

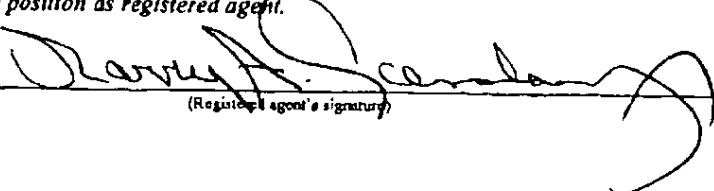
Name: Barry A. Schnakenburg

Office Address: 285 Grande Way, Unit 1704

Naples, Florida 34110
(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)

STAMP
2020 SEP 29 11:11 AM
FBI - MIAMI

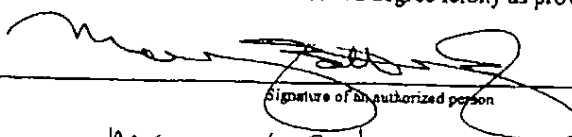
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Margaret S. Hungate	<input checked="" type="checkbox"/> Manager	Name: William P. Schnakenburg
<input type="checkbox"/> Member	Address: 10999 Stahl Road, Suite B	<input type="checkbox"/> Member	Address: 2219 Sawdust Road, Suite 504
<input type="checkbox"/> Authorized	Newburgh, Indiana 47630	<input type="checkbox"/> Authorized	The Woodlands, TX 77380
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
 Margaret S. Hungate
 Typed or printed name of signee

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

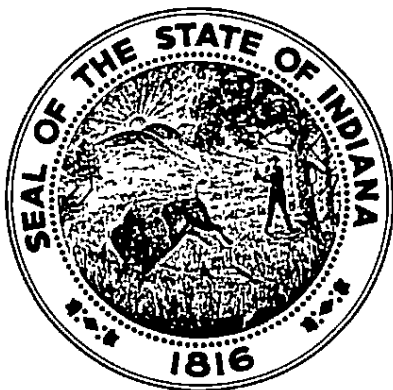
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

NAPLES SI, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on September 30, 2020, and was in existence or authorized to transact business in the State of Indiana on September 30, 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, September 30, 2020

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

202009301426789 / 20201646611

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

Expires on October 30, 2020.