

M20000009074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

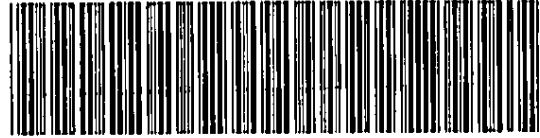
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 OCT -7 PM 6:56

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2020 OCT -9 PM 12:30

Division of Corporations
TALLAHASSEE, FLORIDA

526
10/14/20



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 10/08/2020

Name: Chris Vick

Reference #: 1273885

Entity Name: SCANNELL PROPERTIES #467, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

PLEASE RETAIN ORIGINAL SUBMISSION DATE OF 10/7/20

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other 2020-10-07 PM 6:53

Authorized Amount: \$125.00

Signature: [Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Scannell Properties #467, 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:

Joan Emminger

Name of Person

Scannell Properties

Firm/Company

8801 River Crossing Boulevard, Suite 300

Address

Indianapolis, IN 46240

City/State and Zip Code

joane@scannellproperties.com

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

For further information concerning this matter, please call:

Joan Emminger

317

218-1675

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 & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

2010 OCT - 7 PM 6:55

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. Scannell Properties #467, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Indiana 85-3324521
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

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

5. 8801 River Crossing Boulevard 8801 River Crossing Boulevard
(Street Address of Principal Office) (Mailing Address)
Suite 300 Suite 300
Indianapolis, IN 46240 Indianapolis, IN 46240

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

Name: Cogency Global Inc.
Office Address: 115 North Calhoun Street, Ste 4
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.

Kim Peters Assistant Sec.
(Registered agent's signature)

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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:**

☒ Manager Name: Robert J. Scannell

☐ Member Address: 8801 River Crossing Blvd

☐ Authorized Ste 300

Person Indianapolis, IN 46240

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: Douglas L. Snyder

☐ Member Address: 8801 River Crossing Blvd

☐ Authorized Ste 300

Person Indianapolis, IN 46240

☐ Other ☐ Other

☒ Manager Name: James C. Carlino

☐ Member Address: 8801 River Crossing Blvd

☐ Authorized Ste 300

Person Indianapolis, IN 46240

☐ Other ☐ Other

☒ Manager Name: Ralph I. Shiley

☐ Member Address: 8801 River Crossing Blvd

☐ Authorized Ste 300

Person Indianapolis, IN 46240

☐ Other ☐ Other

☒ Manager Name: Marc D. Pfleging

☐ Member Address: 8801 River Crossing Blvd

☐ Authorized Ste 300

Person Indianapolis, IN 46240

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____


Person _____

☐ Other ☐ 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

Marc D. Pfleging

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

SCANNELL PROPERTIES #467, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 06, 2020, and was in existence or authorized to transact business in the State of Indiana on October 06, 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
signature and the seal of the State of Indiana, at the
of Indianapolis, October 06, 2020

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2020 OCT -7 PM 6:56

202010061427992 / 20201654492

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

Expires on November 05, 2020.