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DATE:

11/3/20

NAME: INDRIO LAND MANAGEMENT LLC

TYPE OF FILING: APPLICATION

COST:

125.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE (16 Me + 10)

COVER LETTER

	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florid to the following: Name of Person Firm/Company Address
Scott Behme and Management LLC	to the following: Name of Person Firm/Company
lence concerning this matter to Scott Behme and Management LLC	Name of Person Firm/Company
and Management LLC	Firm/Company
and Management LLC	Firm/Company
E Lexington Lakes Dr	
E Lexington Lakes Dr	Address
	Address
Florida 34994	
	City/State and Zip Code
scottbehme@gmail.com	to be used for future annual report notification)
E-mail address: (t	to be used for future annual ser
concerning this matter, please	e call:
	561 400-1502
	at (
Name of Contact Person	
Section Corporations 327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
is in Fig.	0 11

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS

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: (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") Indrio Land Management 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.") 85-3639795 Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) Same 3003 SE Lexington Lakes Dr 6. (Mailing Address) (Street Address of Principal Office) Stuart, Florida 34994 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Michael Scott Behme Name: 3003 SE Lexington Lakes Dr Office Address: 34994 , Florida Stuart 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: **Emil Rafy** Name: Title or Capacity; **⊞**Manager Michael Scott Behme 3105 Estates Dr Name: Address: **⊟**Manager 3003 SE Lexington Lakes Dr □Member Pompano Beach, Florida 33069 Address: □Member **Authorized** Stuart, Florida 34994 Authorized Person Other____ Person Other_ Other____ Other_ Dillon Ridling Name: Manager Karen Ridling 8775 20th St 473 Name: _ Address: _ ■ Manager 8775 20th Street 473 □Member Vero Beach, Florida 33969 Address: _ □Member Authorized Vero Beach, Florida 33969 **Authorized** Person Other___ Person Other_ Other____ Other_ Name: □Manager Address: _____ Name: ____ □Manager □Member Address: □Member ☐ Authorized □ Authorized Person Other_ Person Other_ Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-Other_ 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 7. Attached is a certificate of edistance, no more man 70 days one, duty admendence by the official maying 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 10. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. I am aware that any false information of the translator must be submitted) 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 Michael Scott Behme Typed or printed name of signee

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "INDRIO LAND MANAGEMENT LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SECOND DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INDRIO LAND MANAGEMENT LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

at corp.delaware.gov/auth

Authentication: 203992071

Date: 11-02-20