

M2100000 3600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

*[Handwritten signature]*



**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

Date: **March 29, 2021**

Account#: 1200000000088

Name: **Ian Reilly**

Reference #: **1347437**

Entity Name: **SCANNELL PROPERTIES #520, LLC**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

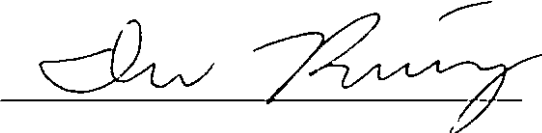
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: **\$125.00**

Signature: 

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 #520, 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

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)

8801 River Crossing Blvd

5. (Street Address of Principal Office)

8801 River Crossing Blvd

6. (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, Suite 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.

*Jackie M. [Signature]*  
(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      Suite 300  
Person      Indianapolis, IN 46240  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:  
☒ Manager      Name: Ralph I. Shiley  
☐ Member      Address: 8801 River Crossing Blvd.  
☐ Authorized      Suite 300  
Person      Indianapolis, IN 46240  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager      Name: Douglas L. Snyder  
☐ Member      Address: 8801 River Crossing Blvd.  
☐ Authorized      Suite 300  
Person      Indianapolis, IN 46240  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager      Name: Marc D. Pfleging  
☐ Member      Address: 8801 River Crossing Blvd.  
☐ Authorized      Suite 300  
Person      Indianapolis, IN 46240  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

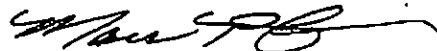
☒ Manager      Name: James C. Carlino  
☐ Member      Address: 8801 River Crossing Blvd.  
☐ Authorized      Suite 300  
Person      Indianapolis, IN 46240  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ 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 Pfleging, Manager

Typed or printed name of signer

**State of Indiana**  
**Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

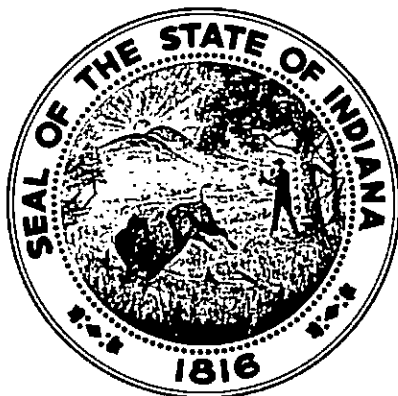
I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**SCANNELL PROPERTIES #520, LLC**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on March 25, 2021, and was in existence or authorized to transact business in the State of Indiana on March 25, 2021.

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, March 25, 2021

HOLLI SULLIVAN  
SECRETARY OF STATE

202103251474114 / 20211932250

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

Expires on April 24, 2021.