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	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
☐ POLU	P MAIT MAIL			
	(Business Entity Name)			
	(Document Number)			
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MAY 14 2021 M. SOLOMON



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

Account#: I20000000088

Date:	05/13/2021	
	Jennifer Bialowas	_
Reference #	1372920	_
	SCANNELL PR	OPERTIES #536, LLC
	es of Incorporation/Authorization	
Amen Amen	ndment	
☐ Chan	ge of Agent	
☐ Reins	tatement	
Conve	ersion	
☐ Merge	er	
☐ Disso	lution/Withdrawal	
Fictitie	ous Name	
Other	·	-
Authorized A	mount:125.00	
Signature:	. (111)	

F: 800.944.6607

F: +857.2687.9790

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:

Scannell Properties #5:			
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC.")	·
f name unavailable, enter alternate	name adopted for the purpose of transacting business in Fig.	orids. The alternate name must include "Limited Lish	ility Company," "L.L.C," or "LLC.")
Indiana		3	
(Jurisdiction under the law of w	vitch foreign limited liability company is organized)	(PBI number,	, if applicable)
	(Date lites transacted business in Florids, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine	egistration.) se penalty liability)	_
8801 River Crossing Blvd		8801 River Crossing Blvd 6.	
reet Address of Principal Office)		6. (Meiling Address)	
Suite 300		Suite 300	याः ०
Indianapolis, IN 46240		Indianapolis, IN 46240	HAY 1298
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	ARY OF AN
Name:	Cogency Global Inc.		STATE CONTRACT
Office Address:	115 North Calhoun Street Suite 4		** ***
	Tallahassee	32301 . Florida	
	(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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Robert J. Scannell Douglas L. Snyder ■ Manager ■ Manager Name: 8801 River Crossing Blvd Address: 8801 River Crossing Blvd ☐Member Address: □ Member Suite 300 Suite 300 □ Authorized □ Authorized Indianapolis, IN 46240 Indianapolis, IN 46240 Person Person Other ☐ Other ☐ Other Other___ James C. Carlino Ralph I. Shiley Name: ■ Manager Name: ■ Manager 8801 River Crossing Blvd 8801 River Crossing Blvd □Member □ Member Suite 300 Suite 300 □ Authorized ☐ Authorized Indianapolis, IN 46240 Indianapolis, IN 46240 Person Person □Other_____ Other Other Name: Marc D. Pfleging ■Manager □ Manager 8801 River Crossing Blvd ☐ Member Address: □Member Suite 300 □ Authorized ☐ Authorized Indianapolis, IN 46240 Person Person Other □Other Other___ ☐ Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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

Typed or printed name of signes

Marc Pfleging, Manager

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 #536, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on May 13, 2021, and was in existence or authorized to transact business in the State of Indiana on May 13, 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, May 13, 2021

olli Jullian

HOLLI SULLIVAN
SECRETARY OF STATE

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

Expires on June 12, 2021.