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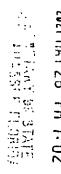
(Re	equestor's Name)			
(Address)					
(Ac	ddress)				
(Ci	ty/State/Zip/Phor	ne #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	ocument Number	r)			
Certified Copies	Certificate	es of Status			
Special Instructions to Filing Officer:					

Office Use Only



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JUN 15 2021

M. SOLOMON

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 hability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

	Name of Person	
R Demma & Associates		
	Firm Company	
9200 S Roberts Rd Suite I		
	Address	
Hickory Hills, H. 60457		- 1. -
	City/State and Zip Code	— <u></u>
rdemmaea@sbcglobal.net		
E-mail address: (t	to be used for future annual report notification)	—: ``, 13
	<u>-</u>	
er information concerning this matter, please	e call:	
er information concerning this matter, please	708 598-2500	1685 1880
		2.407 2.407 1.717
Richard A Denuma Name of Contact Person Mailing Address:	at () 598-2500 Area Code Daytime Telephone Number Street Address:	
Richard A Demma Name of Contact Person Mailing Address: Registration Section	at () 598-2500 Area Code Daytime Telephone Number Street Address: Registration Section	04.07 04.07 1191.00
Richard A Demma Name of Contact Person Mailing Address: Registration Section Division of Corporations	at () 598-2500 Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations	
Richard A Demma Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327	at () Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee	0.807 0.807 1.810
Richard A Demma Name of Contact Person Mailing Address: Registration Section Division of Corporations	at () 598-2500 Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

The Floor Guys of Indi				
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Comp	ony," "L.L.C.," or "LLC")	
		-		
	name adopted for the purpose of transacting business in Flo	onda. The alternate	name must include "Limited Embility Co	impany," "UL C," or "LEC ")
Indiana 2	high toreign limited hability company is organized)	3	(Fil number, if appl	
Ourisdiction under the law of w	onich foreign limited liability company is organized)		(Fhl number, if appl	icable)
06/01/2021				
4. <u></u>	(Date first transacted business in Horida, if prior to a (See sections (05 000)4 & 605 00005, F.S. to determin	egistration) ne penalty hability)		
The Floor Guys			Demma & Associates	
Street Address of Principal Office)		6	Mailing Address)	
16150 Old US 41		9200 :	S Roberts Rd Ste 1	
				282
Ft. Myers Fl. 33912		Hicko	ry Hills, IL 60457	2021 MA
				7 26 F
7. Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Box	NOT accepta	ible)	E PH 6
				· · · · · · · · · · · · · · · · · · ·
Name:	Jeffrey White			1:02
	10198 Beicrest Blvd.			
Office Address:				
	Ft. Myers		33913	
	(City)		, Florida(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:
□Manager	Name: Jeffrey White	□Manager	Name: Sharon White
■Member	Address: 10198 Belcrest Blvd.	■Member	Address: 10198 Belcrest Blvd.
□Authorized		□ Authorized	
Person	Ft. Myers Fl. 33913	Person	Ft. Myers Fl. 33913
□Other	Other	□Other	Other
□Manager	Name: Ryan White	□Manager	Name:
■Member	Address: 17484 Ashcomb Way	□Member	Address:
□Authorized		□Authorized	
Person	Estero FL 33928	Person	
□Other		□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other		□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

Jeffrey White

Typed or printed name of signee

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

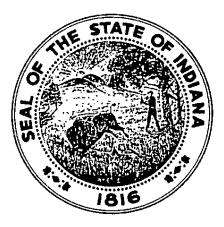
I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

THE FLOOR GUYS OF INDIANA LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 21, 2015, and was in existence or authorized to transact business in the State of Indiana on May 19, 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 19, 2021

tolli Sullian

HOLLI SULLIVAN
SECRETARY OF STATE

2015122100453 / 20212025183

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

Expires on June 18, 2021.