

M220000013393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

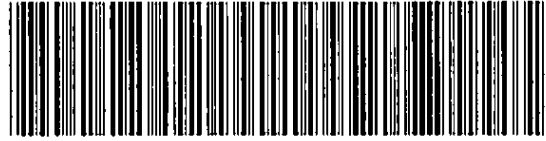
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

2022 AUG 25 AM 11:52

REC-1

S. ROBERTS

AUG 25 2022



COGENCYGLOBAL

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

Date: **August 25, 2022**

Account#: 1200000000088

Name: **KEN**

Reference #: **1768212**

Entity Name: **GAINESVILLE PROPERTY INVESTORS II, LLC**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

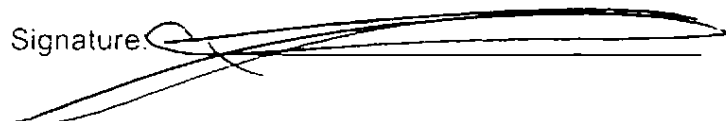
☐ Other _____

ISSUES? CALL

KEN:

518-213-0738

Authorized Amount: **\$125-**

Signature: 

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gainesville Property Investors II, 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, LLC

Firm/Company

8801 River Crossing Blvd 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

Name of Contact Person

317

Area Code

218-1675

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**

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. Gainesville Property Investors II, 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.")

2. Delaware
(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 perjury liability)

5. 8801 River Crossing Blvd
(Street Address of Principal Office)

6. 8801 River Crossing Blvd
(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 32301
(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.

Cathie M. Lee assistant secretary
(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Robert J Scannell	<input checked="" type="checkbox"/> Manager	Name: Douglas L Snyder
<input type="checkbox"/> Member	Address: 8801 River Crossing Blvd	<input type="checkbox"/> Member	Address: 8801 River Crossing Blvd
<input type="checkbox"/> Authorized	Suite 300	<input type="checkbox"/> Authorized	Suite 300
Person	Indianapolis, IN 46240	Person	Indianapolis, IN 46240
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Ralph I Shiley	<input checked="" type="checkbox"/> Manager	Name: Marc D Pfleging
<input type="checkbox"/> Member	Address: 8801 River Crossing Blvd	<input type="checkbox"/> Member	Address: 8801 River Crossing Blvdq
<input type="checkbox"/> Authorized	Suite 300	<input type="checkbox"/> Authorized	Suite 300
Person	Indianapolis, IN 46240	Person	Indianapolis, IN 46240
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: David J Duncan	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 8801 River Crossing Blvd	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite 300	<input type="checkbox"/> Authorized	_____
Person	Indianapolis, IN 46240	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GAINESVILLE PROPERTY INVESTORS II, 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 TWENTY-SECOND DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GAINESVILLE PROPERTY INVESTORS II, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF AUGUST, A.D. 2022.

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



6980742 8300

SR# 20223327811

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204219026

Date: 08-22-22