

1122000016114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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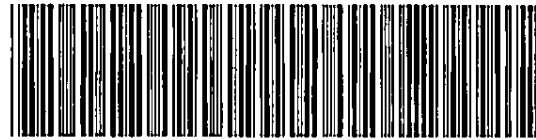
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 OCT 11 PM 1:12
J.D. ...

OCT 20 2022

COVER LETTER

**TO: Registration Section
Division of Corporations
INDIGO JACKS, LLC**

SUBJECT: _____
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:

MEGHAN R. QUINN

Name of Person

INDIGO JACKS, LLC

Firm/Company

10375 E. STATE ROAD 56

Address

FRENCH LICK, INDIANA 47432

City/State and Zip Code

meghanraequinn@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MEGHAN R. QUINN

812

881-6266

Name of Contact Person at (_____) _____
Area Code 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**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**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:

INDIGO JACKS, LLC

1. _____
(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 92-0288792

2. _____ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

N/A

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
10375 E. STATE ROAD 56 Same.


5. _____ 6. _____
(Street Address of Principal Office) (Mailing Address)
FRENCH LICK, INDIANA 47432

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

TYLYN A. RECORE-DAGSAAN
Name: _____
1808 Goodwin Street
Office Address: _____
Jacksonville 32204
_____, 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)

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CLERK OF CIRCUIT COURT
IN FLORIDA

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:** _____
Meghan R. Quinn
☐ Manager Name: _____
10375 E. State Road 56
☒ Member Address: _____
French Lick, Indiana 47432
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
Maresa E. Kelly
315 E. 36th Street, Apt. 8
☒ Member Address: _____
Indianapolis, Indiana 46205
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
Kathryn M. Freeman
1106 N. Keystone Avenue
☒ Member Address: _____
Indianapolis, Indiana 46201
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: _____ **Name and Address:** _____
Tylyn A. Recore-Dagsaan
☐ Manager Name: _____
1808 Goodwin Street
☒ Member Address: _____
Jacksonville, Florida 32204
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

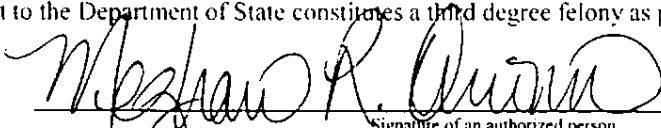
☐ Manager Name: _____
Kiersten S. Glesing
7910 W. Westpointe Drive
☒ Member Address: _____
Columbus, Indiana 47201
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ 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

MEGHAN R. QUINN

Typed or printed name of signer

State of Indiana
Office of the Secretary of State

Certificate of Organization
of
INDIGO JACKS, LLC

I, HOLLI SULLIVAN, Secretary of State, hereby certify that Articles of Organization of the above Domestic Limited Liability Company have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

NOW, THEREFORE, with this document I certify that said transaction will become effective
Wednesday, September 14, 2022.



In Witness Whereof, I have caused to be affixed my
signature and the seal of the State of Indiana, at the City
of Indianapolis, September 14, 2022.

HOLLI SULLIVAN
SECRETARY OF STATE

202209141622983 / 9559088

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>