

M24000008884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

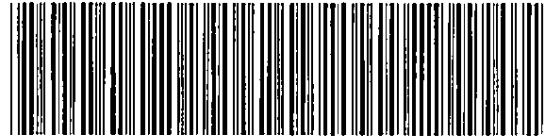
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



400431204724

APPROVED  
AND  
FILED

2024 JUL 12 PM 6:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2024 JUL 12 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 12 2024

K. Brumbley



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

Account#: 120000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 07/12/2024

Name: Patrice Rush

Reference #: 2437453

Entity Name: SCANNELL PROPERTIES #746, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

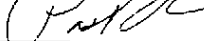
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$125.00

Signature: 

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Scannell Properties #746, 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

317

218-1675

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
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:*

1. Scannell Properties #746, 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. Indiana 3. 99-3910803  
(Jurisdiction under the law of which foreign limited liability company is organized) (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)

5. <u>8801 River Crossing Blvd</u> (Street Address of Principal Office)	6. <u>8801 River Crossing Blvd</u> (Mailing Address)
<u>Suite 300</u>	<u>Suite 300</u>
<u>Indianapolis, IN 46240</u>	<u>Indianapolis, IN 46240</u>

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)

APPROVED  
AND  
FILED  
2024 JUL 12 PM 6:35  
SECRETARY OF STATE  
TALLAHASSEE, FL 0900

**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.*

/s/ Kathie M Fleck Asst Secretary on behalf of Cogency Global Inc.

(Registered agent's signature)

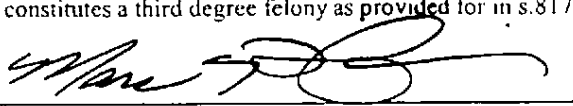
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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 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:	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		Suit 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

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

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

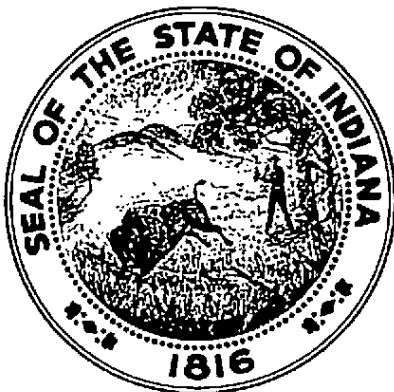
I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**SCANNELL PROPERTIES #746, LLC**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on July 10, 2024, and was in existence or authorized to transact business in the State of Indiana on July 11, 2024.

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, July 11, 2024

*Diego Morales*

DIEGO MORALES  
SECRETARY OF STATE

202407101806261 / 20243853161

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

Expires on August 10, 2024.