

Capite
Requestor's Name
M99000001159

Address
222-6660
City/State/Zip Phone #

100002942791--0
-07/27/99-01049-003
****293.75 ****293.75

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. PJ Wiles, L.L.C.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUL 27 AM 11:27

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
✓	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
✓	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

6
BYC 7/27/99
Call when ready
Need ASAP Please
222-6660



GUNSTER, YOAKLEY, VALDES-FAULI & STEWART, P.A.
ATTORNEYS AT LAW

WRITER'S DIRECT DIAL NUMBER: 305-376-6023
WRITER'S E-MAIL ADDRESS: abuttari@gunster.com

FILED STATE
SECRETARY OF CORPORATIONS
99 JUN 27 AM 11:27

July 27, 1999

VIA FEDERAL EXPRESS

Florida Department of State
P. O. Box 6327
Tallahassee, Florida 32314

Re: **PJ WILES, L.L.C.**

Dear Sir/Madam:

On behalf of the above referenced limited liability company which was organized in the State of Indiana, we enclose an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, together with attached Affidavit of Membership and Contributions, original Certificate of Good Standing dated July 21, 1999 and Certificate of Designation of Registered Agent/Office in the State of Florida. Please have the Application filed and provide us with a copy of the filed document, as well as with a Certificate of Status.

Finally, we enclose a check in the amount of \$293.75, in payment of your filing fees and the Certificate of Status, and a second check for \$10.00 in payment of a stamped copy of the filed Application.

Should you have any questions concerning the foregoing, please do not hesitate to contact the undersigned.

Sincerely,

Astrid Buttari
Corporate Legal Assistant

/ab
Enclosures

cc: Julie A. S. Williamson, Esq.
Rory O'Bryan, Esq. (Via Fax #317-574-6055)

One Biscayne Tower
2 South Biscayne Boulevard, Suite 3400 • Miami, FL 33131-1897
(305) 376-6000 Fax: (305) 376-6010 e-mail: clientservices@gunster.com
<http://www.gunster.com>

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. PJ Wiles, L.L.C.
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present.)
2. Indiana
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 35-2081186
(FEI number, if applicable)
4. July 16, 1999
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. July 27, 1999
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 5593 West US 40 East
Greenfield, IN 46140
(Street address of principal office)

8. List name, title, and business address of each managing member[MGRM] or manager[MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
<u>Peter Y. Jensen</u>	<u>Mgr.</u>	<u></u>	<u></u>
<u>5593 West US 40 East</u>		<u></u>	
<u>Greenfield, IN 46140</u>		<u></u>	
<u>Judith Jensen</u>	<u>Mgr.</u>	<u></u>	<u></u>
<u>5593 West US 40 East</u>		<u></u>	
<u>Greenfield, IN 46140</u>		<u></u>	
<u></u>		<u></u>	
<u></u>		<u></u>	
<u></u>		<u></u>	

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
1999 JUL 27
AM 11:27

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN
LIMITED LIABILITY COMPANY**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUL 27 AM 11:27

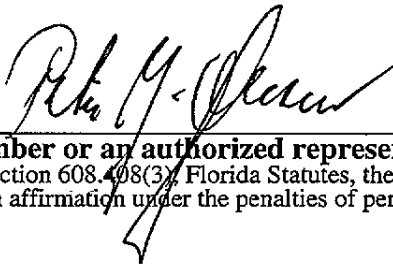
The undersigned member or authorized representative of a member of PJ Wiles, L.L.C.
_____ certifies: _____

1) the above named limited liability company has at least one member;

2) the total amount of cash contributed by the member(s) is \$ 100,000.00;

3) if any, the agreed value of property other than cash contributed by member(s) is \$ _____;
(A description of the property is attached and made a part hereto.)
and

4) the total amount of cash and property contributed and anticipated to be contributed
by member(s) is \$ 2,700,000.00
(This total includes amounts from 2 and 3 above.)



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this
affidavit constitutes an affirmation under the penalties of perjury that the facts
stated herein are true.)

Peter Y. Jensen

Typed or printed name of signee

Filing Fee: \$250.00 for Application and Affidavit

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUL 27 AM 11:27

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

PJ Wiles, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

VALDES-FAULI CORPORATE SERVICES, INC.

(Name)

Suite 3400 - One Biscayne Tower
Two South Biscayne Boulevard

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Miami,

FL 33131-1897

City/State/Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

VALDES-FAULI CORPORATE SERVICES, INC.

By: 

(Signature)

Raul E. Valdes-Fauli, President

Filing Fee: \$ 35 for Designation of Registered Agent

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, 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 limited liability company records and the proper official to execute this certificate.

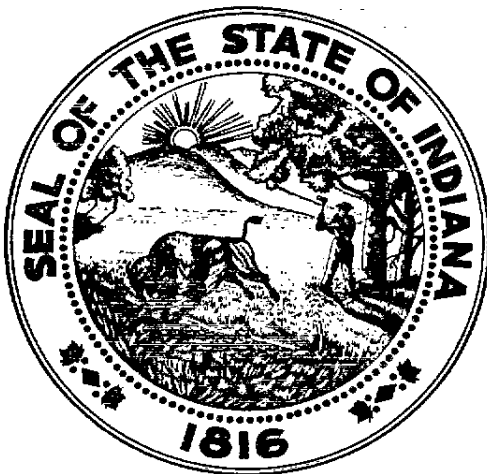
I further certify that records of this office disclose that

PJ WILES, L.L.C.

filed Articles of Organization effective July 16, 1999, and is a limited liability company duly organized and existing under the laws of the State of Indiana.

I further certify this limited liability company has filed its most recent annual report required by Indiana law with the Secretary of State, or is not yet required to file such annual reports, and that Articles of Dissolution have not been filed.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Twenty-first day of July, 1999.



Sue Anne Gilroy *YK*
SUE ANNE GILROY, Secretary of State Deputy

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Complete
Requestor's Name
M99000001159

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222-6660
City/State/Zip Phone #

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NEW FILINGS	
<input type="checkbox"/>	Profit
<input checked="" type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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TALLAHASSEE, FLORIDA

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B/K 7/27/99
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Need ASAP Please
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Examiner's Initials	
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GUNSTER, YOAKLEY, VALDES-FAULI & STEWART, P.A.
ATTORNEYS AT LAW

WRITER'S DIRECT DIAL NUMBER: 305-376-6023
WRITER'S E-MAIL ADDRESS: abuttari@gunster.com

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July 27, 1999

VIA FEDERAL EXPRESS

Florida Department of State
P. O. Box 6327
Tallahassee, Florida 32314

Re: **PJ WILES, L.L.C.**

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Sincerely,

Astrid Buttari
Corporate Legal Assistant

/ab

Enclosures

cc: Julie A. S. Williamson, Esq.
Rory O'Bryan, Esq. (Via Fax #317-574-6055)

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DIVISION OF CORPORATIONS
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1. PJ Wiles, L.L.C.
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present.)
2. Indiana
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 35-2081186
(FEI number, if applicable)
4. July 16, 1999
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. July 27, 1999
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 5593 West US 40 East
Greenfield, IN 46140
(Street address of principal office)

8. List name, title, and business address of each managing member[MGRM] or manager[MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
<u>Peter Y. Jensen</u>	<u>Mgr.</u>	<u></u>	<u></u>
<u>5593 West US 40 East</u>		<u></u>	
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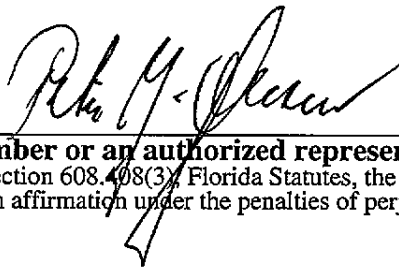
9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN
LIMITED LIABILITY COMPANY**

FILED STATE
SECRETARY OF CORPORATIONS
JUL 27 AM 11:27

The undersigned member or authorized representative of a member of PJ Wiles, L.L.C.
_____ certifies;

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 100,000.00;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ _____;
(A description of the property is attached and made a part hereto.)
and
- 4) the total amount of cash and property contributed and anticipated to be contributed
by member(s) is \$2,700,000.00
(This total includes amounts from 2 and 3 above.)



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this
affidavit constitutes an affirmation under the penalties of perjury that the facts
stated herein are true.)

Peter Y. Jensen

Typed or printed name of signee

Filing Fee: \$250.00 for Application and Affidavit

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

PJ Wiles, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

VALDES-FAULI CORPORATE SERVICES, INC.

(Name)

Suite 3400 - One Biscayne Tower
Two South Biscayne Boulevard

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Miami, FL 33131-1897

City/State/Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

VALDES-FAULI CORPORATE SERVICES, INC.

By: 

(Signature)

Raul E. Valdes-Fauli, President

Filing Fee: \$ 35 for Designation of Registered Agent

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

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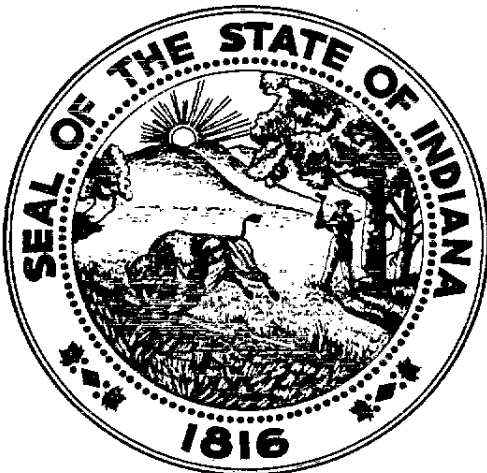
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PJ WILES, L.L.C.

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I further certify this limited liability company has filed its most recent annual report required by Indiana law with the Secretary of State, or is not yet required to file such annual reports, and that Articles of Dissolution have not been filed.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Twenty-first day of July, 1999.



Sue Anne Gilroy *YK*
SUE ANNE GILROY, Secretary of State Deputy