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S. ROBERTS
FEB 04 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TMC Riverview 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:

Candice Holcomb

Name of Person

Faegre Drinker Biddle & Reath

Firm/Company

600 E. 96th Street, Suite 600

Address

Indianapolis, IN 46240

City/State and Zip Code

candice.holcomb@faegredrinker.com

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

For further information concerning this matter, please call:

Candice Holcomb 317 569-4604
_____ 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. TMC Riverview 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. _____
(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. 11312 Hazel Dell Parkway 11312 Hazel Dell Parkway
(Street Address of Principal Office) (Mailing Address)
Carmel, IN 46280 Carmel, IN 46280

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

Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FL

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.

CT Corporation System
By: Laura R. Broderick Laura R. Broderick, 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]:

Title or Capacity: Manager **Name and Address:** Name: TMC-Envoy JV, LLC
 Address: 11312 Hazel Dell Parkway
 Carmel, IN 46280
 Person
 Other

Title or Capacity: Manager **Name and Address:** Name: _____
 Address: _____
 Person
 Other

Manager **Name and Address:** Name: Chris Daumeyer
 Address: 11312 Hazel Dell Parkway
 Carmel, IN 46280
 Authorized
 Person
 Other

Manager **Name and Address:** Name: _____
 Address: _____
 Person
 Other

Manager **Name and Address:** Name: _____
 Address: _____
 Person
 Other

Manager **Name and Address:** Name: _____
 Address: _____
 Person
 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.

DocuSigned by:

 Signature of an authorized person

Chris Daumeyer

 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

TMC RIVERVIEW LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on February 04, 2022, and was in existence or authorized to transact business in the State of Indiana on February 04, 2022.

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, February 04, 2022

HOLLI SULLIVAN
SECRETARY OF STATE

202202041562915 / 20222420739

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

Expires on March 06, 2022.