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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

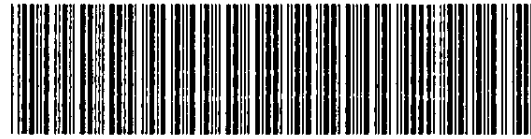
(Business Entity Name)

(Document Number)

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

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**SMITH, ROLFES  
& SKAVDAHL  
COMPANY LPA**

**Admitted to Practice:**

Ohio  
Kentucky

**Jerome F. Rolfes, Esq.**  
600 Vine Street, Suite 2600  
Cincinnati, Ohio 45202  
jrolfes@smithrolfes.com

March 21, 2011

**VIA REGULAR MAIL**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

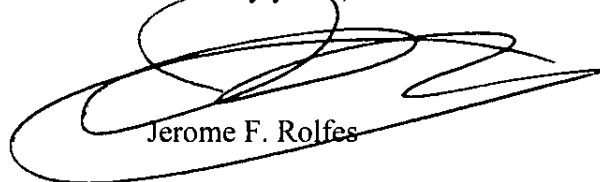
Re: Application by Foreign Corporation for Authorization to Transact Business in Florida

Dear Sir/Madam:

**Enclosed** please find the original and one (1) copy of the Application by Foreign Corporation for Authorization to Transact Business in Florida which we have prepared for filing. Please return a file-stamped copy of same to this office in the enclosed self-addressed, stamped envelope. Also, **enclosed** please find our firm's check in the amount of \$78.75 for filing same.

Thank you for your consideration in this matter.

Sincerely yours,



Jerome F. Rolfes

JFR:rs

Enclosures: *Application by Foreign Corporation for Authorization to Transact Business in Florida*  
*Check*

**CINCINNATI**

600 Vine Street • Suite 2600  
Cincinnati, Ohio 45202  
(513) 579-0080  
Fax: (513) 579-0222

**COLUMBUS**

65 E. State Street • Suite 2000  
Columbus, Ohio 43215  
(614) 469-7130  
Fax: (614) 469-7146

**DETROIT**

39555 Orchard Hill Place • Suite 600  
Novi, Michigan 48375  
(248) 374-5020  
Fax: (248) 348-5760

**FT. MITCHELL, KY**

300 Buttermilk Pike • Suite 324  
Ft. Mitchell, Kentucky 41017  
(859) 547-1200  
Fax: (859) 547-1219

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Smith, Rolfes & Skavdahl Company, L.P.A.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jerome F. Rolfes

Name of Person

Smith, Rolfes & Skavdahl Company, L.P.A.

Firm/Company

600 Vine Street, Ste. 2600

Address

Cincinnati, OH 45202

City/State and Zip code

jrolfes@smithrolfes.com

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

For further information concerning this matter, please call:

Jerome F. Rolfes

Name of Person

at ( 513 ) 579-0080

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

\$70.00 Filing Fee

\$78.75 Filing Fee &  
Certificate of Status

\$78.75 Filing Fee &  
Certified Copy

\$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

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TALLAHASSEE FLORIDA

1. Smith, Rolfes & Skavdahl Company, L.P.A.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Ohio 3. 31-1270994  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 19, 1989 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. April 1, 2011  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 801 International Parkway, 5th floor  
(Principal office address)

Lake Mary, FL 32746  
(Current mailing address)

8. The practice of law  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

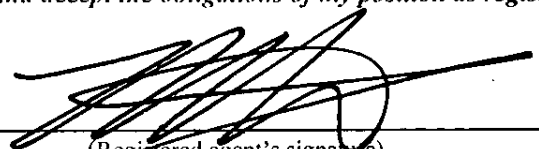
Name: Matthew J. Smith

Office Address: 801 International Parkway, 5th floor

Lake Mary, Florida 32746  
(City) (Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

X   
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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CLERK OF SUPERIOR COURT  
JACKSONVILLE, FLORIDA

B. OFFICERS

President: Matthew J. Smith

Address: 801 International Parkway, 5th Floor  
Lake Mary, FL 32746

Vice President: Thomas E. Glassman

Address: 600 Vine Street, Ste. 2600  
Cincinnati, OH 45202

Secretary: Jerome F. Rolfes

Address: 600 Vine Street, Ste. 2600, Cincinnati, OH 45202

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

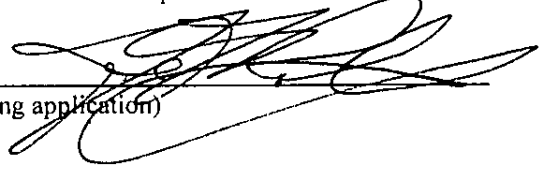
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Jerome F. Rolfes, Corporate Secretary  
(Typed or printed name and capacity of person signing application)



**UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE**

*I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show SMITH, ROLFES & SKAVDAHL COMPANY, L.P.A., an Ohio Professional Corporation, Charter No. 747400, having its principal location in Cincinnati, County of Hamilton, was incorporated on April 19, 1989, and is currently in GOOD STANDING upon the records of this office.*

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STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE  
COLUMBUS, OHIO

*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 9th day of March, A.D. 2011.*

*Jon Husted*

Ohio Secretary of State