

ME000007627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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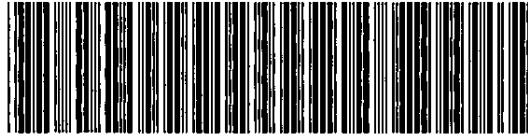
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
15 SEP 23 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 24 2015
G. YOUNG

BAILEY CAVALIERI LLC

Attorneys At Law
One Columbus
10 West Broad Street, Suite 2100
Columbus, Ohio 43215-3422

direct dial: 614.229.3268
email: Craig.Hartpence@BaileyCavalieri.com

September 17, 2015

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations/Registration Section
2661 Executive Center Circle
Tallahassee, Florida 32301

LLS Project Services, LLC

Dear Sir/Madam:

Please file the enclosed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida. Please return an acknowledgement letter of this filing to our office in the enclosed Federal Express return envelope. Enclosed is a check in the amount of \$ 125.00 for the filing fee.

If you have any questions you may contact me at (614) 229-3268. Thank you for your assistance in this matter.

Very truly yours,

BAILEY CAVALIERI LLC



Craig Hartpence
Paralegal

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LLS PROJECT SERVICES, 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:

CRAIG HARTPENCE

Name of Person

BAILEY CAVALIERI LLC

Firm/Company

10 WEST BROAD STREET, SUITE 2100

Address

COLUMBUS, OHIO 43215

City/State and Zip Code

Jeff.Blunt@Loebelectric.com

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

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SEP 23 PM 4:57
TALLAHASSEE, FLORIDA
STATE

For further information concerning this matter, please call:

CRAIG HARTPENCE

614

229-3268

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$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. LLS PROJECT SERVICES, 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. Ohio 3. 47-4726259
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 10 West Broad Street, Suite 2100
Columbus, Ohio 43215
(Street Address of Principal Office)

6. 10 West Broad Street, Suite 2100
Columbus, Ohio 43215
(Mailing Address)

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

Name: NRAI SERVICES, INC.
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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.

Mervine Reel Assistant Secretary
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Jeff Blunt, CFO 1800 E. 5th Avenue, Columbus, Ohio 43219

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)

[Signature]
Signature of an authorized person

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.

James G. Ryan

Typed or printed name of signer

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 LLS PROJECT SERVICES, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2417880, was organized within the State of Ohio on August 6, 2015, is currently in FULL FORCE AND EFFECT upon the records of this office.

FILED
SEP 23 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 31st day of August, A.D. 2015.*

Jon Husted

Ohio Secretary of State

Validation Number: 201524304212