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(Re	equestor's Name)	·				
(Address)						
(Ac	idress)					
(Ci	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
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#### **COVER LETTER**

TÖ:		ation Section n of Corporatio	ns					
SUBJEC		665-002-00, LLC						
			Name of	Limited Liability	Company			
The encl Existenc	losed "A e, and c	pplication by For heck are submitte	reign Limited Liability Comp ed to register the above refer	pany for Authoriza enced foreign limi	ition to Tri ted liability	ansact Business in Florida," Certificate or y company to transact business in Floridate		
Please re	eturn all	correspondence	concerning this matter to the	following:				
		Cynthia Henry						
			N	ame of Person				
		Firm/Company						
		600 Gillam Road						
				Address	,	· · · · · · · · · · · · · · · · · · ·		
,		Wilmington, OH 45177						
			City/S	tate and Zip Code		<del>.</del>		
	-		E-mail address: (to be used	d for future annual	report not	ification)		
For furth	er infori	nation concernin	g this matter, please call:					
Cynthia Henry		800 at (	543-55 _)	89				
		Name o	f Contact Person	Area Code	Day	time 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		of Corporations ion Section uilding cutive Center Circle				
		ck for the follow .00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 11, 2016

CYNTHIA HENRY 600 GILLAM ROAD WILMINGTON, OH 45177 US

SUBJECT: 12665-002-00, LLC Ref. Number: W16000047990

We have received your document for 12665-002-00, LLC and your check(s) totaling \$1250.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker . Regulatory Specialist II

Letter Number: 916A00014435

### 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:

12665-002-00, LLC			
(Name of Fore	eign Limited Liability Company; must include "Limited I	Liability Company," "L.L.C.," or "	LLC.")
(If name unavailable, enter al Liability Company," "L.L.C,"	Iternate name adopted for the purpose of transacting busing or "LLC.")	ness in Florida. The alternate name	must include "Limited
Ohio	·		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4.	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to determ	r to registration.)	
5. 600 Gillam Road, Wiln			
6. 600 Gillam Road, Wiln	(Street Address of Principal Office) nington, OH 45177		
	(Mailing Address)		P Man
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT acce	eptable)	<u> </u>
Name:	C T Corporation System	<u></u>	
Office Address:	1200 South Pine Island Road		20 4881
	Plantation	, Florida(Zip code)	<u></u>
Registered agent's accept		(Zip code)	
Having been named as red designated in this applicate to complywith the provision accept the obligations of n	gistered agent and to accept service of process for tion, I hereby accept the appointment as registered ons of all statutes relative to the proper and completely position as registered agent.  CT Corporation System  By:	I agent and agree to act in this ete performance of my duties,  Kristin Bolden	ty company at the piace capacity. I further agree
•	(Registered agent's signatur	Assistant Secretary e)	
9. The name title or cana	city and address of the person(s) who has/have auth	pority to manage is/are:	
•	Legal, Secretary - 7290 College Pkwy, Suite 400, l		
	Counsel, Assistant Secretary - 600 Gillam Road, W		<del></del>
Jeff Haungs, VP of Tax -	7290 College Pkwy, Suite 400, Ft. Myers, FL 3390	7	
	of existence, no more than 90 days old, duly authen of which it is organized. (If the certificate is in a for ibmitted)		
	Signature of an authorized per	son	
	in accordance with section 605.0203 (1) (b), Florid the Department of State constitutes a third degree f	a Statutes. I am aware that any	
onominad in a document to	Jeffrey C. Wade	olony as provided for in 5,017.1	.00, 1 101
	Typed or printed pame of signe		

## 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 12665-002-00, LLC, an Ohio For Profit Limited Liability Company, Registration Number 3917589, was organized within the State of Ohio on June 30, 2016, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 19th day of July, A.D. 2016.

**Ohio Secretary of State** 

Validation Number: 201620101858