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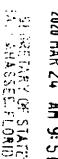
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MAR 3 1 2020 M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Dinsmore & Shohl, LLP	
Name of Foreign Limited Partne	ership or Limited Liability Limited Partnership
The enclosed application, certificate of status and fee partnership to transact business in Florida. Please return all correspondence concerning this mat	es are submitted to register a foreign limited partnership or limited liability limited ter to:
Roxanna M. Benjamin, Controller	
Contact Person	
Dinsmore & Short, LLP	
Firm/Company	
255 East Fifth Street, #1900	
Address	
Cincinnati, OH 45202	
City, State and Zip Code	
roxanne.benjamin@dinsmore.com	
E-mail address: (to be used for future annual report	t notification)
For further information concerning this matter, pleas	se call:
Roxanna M. Benjamin	513 744-3105 at ()
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
□\$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee) □\$1,008.75 Filing Fees and Certificate of Status	■\$1,052.50 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
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

business in Florida; must contain acceptable suffix. State or Country of Formation Date of Formation 4. Federal Employer Identification Number $\frac{31-0263070}{}$ 5. Name of Registered Agent for Service of Process and Florida Street Address: 201 North Franklin Street, Suite 3050 $6.\,$ Thereby accept the appointment as registered agm 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 digites, and I am familiar with and accept the obligations of my position as registered agent Signature of Registered Agent 8. Mailing Address: 255 East Fifth Street, Suite 1900 Tampa City Center

201 North Franklin Street, Suite 3050

Name of General Partners

Tampa, Florida 33602

Street Address:

Mailing Address:

_____ Mailing Address:___

Name of General Partner:________Name of General Partner:______

_____Street Address: __

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP

Acceptable Limited Partnership suffixes. Limited Partnership, Limited, L.P., LP, or Ltd

9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner:

255 East Fifth Street, Suite 1900

Cincinnati OH 45202

Name of General Partner:_____ George H. Vincent, Esq.

Dinsmore & Short, LLP

Robert E. Sickles, Esq.

Tampa, Florida 33602

7. Principal Office:

Cincinnati, OH 45202

Street Address

Mailing Address:

Mailian Address

Name of General Partner:	Name of General Pariner:
Street Address:	Street Address:
Mailing Address:	Mailing Address.
11. Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the day. Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	ate this document is filed by the Florida Department of State.)
12. Attached is a certificate of existence duly authenticated, not mot Florida Department of State, by the Secretary of State or other offic the law of which it is organized.	ial having custody of the entity's records in the jurisdiction under
the law of which it is organized. Signed this	Jumn-
Signature of	a general partner
The individual signing this document affirms that the facts stated he submitted in a document to the Department of State constitutes a thi	

Page 2 of 2

\$52.50

\$8.75

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

2020 MAR 24 AM 9:51

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

I, Frank LaRose, 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 DINSMORE & SHOHL LLP, an Ohio Limited Liability Partnership, Registration Number 947621, filed on July 15, 1996, 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 13th day of March, A.D. 2020.

Ohio Secretary of State

Fred John

Validation Number: 202007301132