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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates c	f Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations					
SUBJECT:Steven Schaefer Associates, Inc.					
(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," 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:					
Jessica Ashcraft, Receptionist/Secretary					
(Name of Person)					
Steven Schaefer Associates, Inc.					
(Firm/Company)					
10411 Medallion Drive, Suite 121					
(Address)					
Cincinnati, Ohio 45241					
(City/State and Zip code)					
For further information concerning this matter, please call:					
Jessica Ashcraft at (513) 542-3300					
(Name of Person) (Area Code & Daytime Telephone Number)					
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Enclosed is a check for the following amount:					
□ \$70.00 Filing Fee \$\ \times \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					

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.

1	Steve	<u>n Schaefer Asso</u>	ciates, Inc	•					
		orporation; must includ orp," "Inc," "Co," or "C		TED,	" "COMPAN	Y," "CC	ORPORATION,	"	
(I	f name unavaila	ble in Florida, enter alt	ernate corporate	name	adopted for th	e purpos	se of transacting	business in Flo	orida)
2	Oh;	<u>io</u>		3.	31-0	96415	4, .		
(St	tate or country u	under the law of which	it is incorporated	1)		(FEI r	umber, if applic	able)	
4.	May 7	, 1979		5.		perp	etual	•	
	(Date	of incorporation)			(Duration: Y	ear corp	o. will cease to e	xist or "perpet	ıal")
6.		n/a							
			st transacted busin NS 607.1501 & 6)	
7.	10411 Me	dallion Drive,	Suite 121	Cir	ncinnati,	Ohio	45241	TAT TAT	0
_			(Principal offic	e add	ress)			D 2	_
	10411 Me	dallion Drive,	Suite 121	Cin	ncinnati,	Ohio	45241	HAE!	
	· · · · · · · · · · · · · · · · · · ·		(Current mailin	ıg add	ress)		<u> </u>	SS CY	
8	to provide	consulting str	ructural eng	gine	ering			19.5 19.5	AMI
	(Purpose(s)	of corporation authori	zed in home state	e or co	ountry to be car	rried out	in state of Flori	da) 08	<u>កា</u>
9. N	ame and street	address of Florida r	egistered agent:	(P.C	Box NOT	accepta	ble)	D r.	.
	Name:	Corporation S	Service Com	oany					-
Offic	e Address:	1201 Hayes St	reet		· · · · · · · · · · · · · · · · · · ·				
		Tallahassee			, Florid	a_ 323	301	_	
		(City)		,		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.

(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:	SEE ATTACHED	
Address:		
-		
Vice Chair	man:	
Address:	<u>-</u>	
Director:		
, rear 0.55.		
Director:		
Address:		
B. OFFI	CERS	
President:		
Address:		<u> </u>
		O4 J
Vice Presi	lent:	ASS F TI
		N C SEE
Secretary:		55 RID
		<i>D</i>
Treasurer:		
Address:		
NOTE: 1	f necessary, you may attach an attendum to the application listing additional officers	and/or directors.
13		·
	(Signature of Director or Officer listed in number 12 of the application) James R. Miller, Vice President	
14	(Typed or printed name and capacity of person signing application)	



Steven Schaefer Associates, Inc.

Consulting Structural Engineers

planning design investigation inspection

Steven Schaefer Associates, Inc.

Officers and Directors of Corporation

Steven E. Schaefer, President	8549 Wuest Road	Cincinnati, OH 45251
James R. Miller, Vice President	4279 Marcrest Drive	Cincinnati, OH 45211
Edward W. Schwieter, Vice President	5460 Longlake Court	Cincinnati, OH 45247
Michael A. Ciprian, Treasurer	6322 Bach Drive	West Chester, OH 45069
Shawn M. Daley, Secretary	8201 Millcreek Circle	West Chester, OH 45069

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United States of America State of Ohio Office of the Secretary of State

I, J. Kenneth Blackwell, 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 corporations; that said records show STEVEN SCHAEFER ASSOCIATES, INC., an Ohio professional corporation, Charter No. 535025, having its principal location in Cincinnati, County of Hamilton, was incorporated on May 07, 1979 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 16th day of June, A.D. 2004

Ohio Secretary of State

Validation Number: V2004167JCB159