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FOREIGN PROFIT/NONPROFIT CORPORATION

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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.

(Enter name of corpor "Inc.," "Co.," "Corp."	ration; must include "INCORPORA" "Inc.," "Co," or "Corp.")	TED," "COMPANY," "CORPORATION,"
(If name unavailable	n Florida, enter alternate corporate r	name adopted for the purpose of transacting business in Florida
Delaware		3.
State of country unde	r the law of which it is incorporated)	(FEI number, if applicable)
December 4, 2006		5, perpetual
(Date of is	corporation)	(Duration: Year corp. will cease to exist or "perpetus!")
Upon Ming		
	(Date first transacted busin	ness in Florids, if prior to registration) 507.1502, F.S., to determine penalty liability)
11690 Grooms Road,	•	and the second s
	(Principal office	e suitress)
11690 Grooms Road	Cincinnati, OH 45242	
	(Current mailing	g addrasa)
		or country to be carried our in state of Florida)
(Purpose(s) of o	emporation authorized in home state lives of Florids registered agent:	or country to be carried our in state of Florida)
(Purpose(s) of one Name and street address:	corporation authorized in home state	or country to be carried out in state of Florida) (P.O. Box NOT acceptable)
(Purpose(s) of one Name and street address:	reporation authorized in home state liters of Florids registered agent: C T Corporation System	or country to be carried out in state of Florida) (P.O. Box NOT acceptable)
(Purpose(s) of one Name and street address:	orporation authorized in home state litess of Florids registered agent: C T Corporation System 1200 South Pine Island Road	or country to be carried out in state of Florida) (P.O. Box NOT acceptable)
(Purpose(s) of (Name and <u>street add</u> Name: flice Address:	reporation authorized in home state iress of Florids registered agent: C T Corporation System 1200 South Pine Island Road Plantation (City)	or country to be carried out in state of Florida) (P.O. Box NOT acceptable) Fig. 7 Florida 33324
(Purpose(s) of c Name and street add Name: ffice Address: Registered agent'	reporation authorized in home state iress of Florids registered agent: C T Corporation System 1200 South Pine Island Road Plantation (City) a acceptance:	or country to be carried out in state of Florida) (P.O. Box NOT acceptable) d ANA SARY (Zip code)
(Purpose(s) of control Name and street address: ffice Address: Registered agent' aving been named assignated in this appli	corporation authorized in home state iress of Florids registered agent: C T Corporation System 1200 South Pine Island Road Plantation (City) s acceptance: registered agent and to accept s ication, I hereby accept the appe	or country to be carried out in state of Florida) (P.O. Box NOT acceptable) d A A A A A A A A A A A A A A A A A A
(Purpose(s) of one Name and street address: Name: ffice Address: Registered agent's aving been named assignated in this application agree to compiler there agree to compiler agree to compiler.	corporation authorized in home state iress of Florids registered agent: C T Corporation System 1200 South Pine Island Road Plantation (City) a succeptance: registered agent and to accept s icadion, I hereby accept the appo	or country to be carried out in state of Florida) (P.O. Box NOT acceptable) d Florida 33324 (Zip code) Service of process for the above stated corporation at the pintinent as registered agent and agree to act in this capiter relative to the proper and complete performance of a
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(Purpose(s) of one Name and street address: Name: ffice Address: Registered agent's aving been named assignated in this application agree to compiler there agree to compiler agree to compiler.	corporation authorized in home state iress of Florids registered agent: C T Corporation System 1200 South Pine Island Road Plantation (City) a succeptance: registered agent and to accept s icadion, I hereby accept the appo	or country to be carried out in state of Florida) (P.O. Box NOT acceptable) d Florida 33324 (Zip code) Service of process for the above stated corporation at the pintinent as registered agent and agree to act in this capiter relative to the proper and complete performance of a
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(Purpose(s) of control (Purpose(s)) of control (Purpos	corporation authorized in home state iress of Florida registered agent: C T Corporation System 1200 South Pine Island Road Figuration (City) a succeptance: registered agent and to accept sication, I hereby accept the appoint with the provisions of all status and accept the obligations of m	or country to be carried out in state of Florida) (P.O. Box NOT acceptable) d Florida 33324 (Zip code) service of process for the above stated corporation at the pintinent as registered agent and agree to act in this capitar relative to the proper and complete performance of a position as registered agent.

FLUIS-02/03/2016 GT Sylecte Daline

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

A. DIRE	CTORS
Chairman	
Addræ∉:	
Vice Chai	rman:
Address;	
_	
Disectors	Michael C. Phillips
	11690 Greoms Road, Cincinnati, OH 45242
Director:	Jeffrey S. Edison
	11690 Grooms Road, Cincinnati, OH 45742
B. OFF	Autor Control of the
	Inflore & Fidings
	11690 Grooms Road, Cincinnati, OH 45242
Adoress	
uer ha i	ident: R. Mark Addy and Cameron Denton
	11690 Grooms Road, Cincinnati, OH 45242
Address:	
_	F Edge Addu
	R. Mark Addy
	11690 Grooms Road, Cincinnati, OH 45242
Tressured	Michael C. Phillips
Address:	11690 Orooms Road, Cincinnati, OH 45242
NOTE	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12	1. m/ 2. 6/44
13	(Signature of Disector or Officer listed in number 12 of the application)
14. R.M	ark Addy, Vice President and Secretary
	(Typed or printed name and capacity of person signing application)
	5

ACTIV-STRIBITOR E.A DRAWN CARNA



PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FERRY PASS STATION INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND EAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF DECEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

4260779 8300 061101898



Harriet Smith Windson, Secretary of State

AUTHENTICATION: 5250937

DATE: 12-06-06