#### Florida Department of State Division of Corporations Public Access System

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**FE8** U

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number

: (850)878-5926

## FOREIGN PROFIT/NONPROFIT CORPORATION

EPM CVC GROUP HOLDINGS, INC

Certificate of Status	0
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Corporate Filing Menu

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2/6/2008

PAGE 01/05

CT CORP

APPLICA'	TION BY FOREIGN CORPORATI BUSINESS I	ON FOR AUTHORIZAT IN FLORIDA	ION TO TRANSA	CT
IN COMPLIANCE REGISTER A FOR	WITH SECTION 607.1503, FLORIDA SI EIGN CORPORATION TO TRANSACT E	TATUTES, THE FOLLOWING BUSINESS IN THE STATE OF	IS SUBMITTED TO FLORIDA.	
, EPM CVC	GROUP HOLDINGS, INC.			_
(Enter name of co	rporation; must include "INCORPORA TED," rp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORAT	ion."	
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transi	cting business in Florie	<b>A)</b>
<sub>2</sub> Delaware	3.	26-1624769	]	<u></u>
_,	inder the law of which it is incorporated)	(PEI number, if	applicable)	_
4. December	17, 2007 5.	Perpetual		
	of incorporation)	(Duration: Year corp. will cea	e to exist or "perpetua	")
6. Upon quali				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 192, F.S., to determine pensity li	ability)	
, 2020 Front	Street, Suite 100, Cuyahoga	a Falls, OH 44221		•
0	(Principal office add			_
2020 Front	Street, Suite 100, Cuyahog			<del></del>
	(Current mailing add	ress)		
	I lawful purposes.	unitry to be carried out in state o	Fflorida - G	****
	-	_	AR AL	
9. Name and street	address of Florida registered agent: (P.C	). Hox NOT acceptable)	ASS	
Name:	CT Corporation System		9 (A C)	П
Office Address:	1200 South Pine Island Ros	ad	FES D	5
	Plantation	, Florida 33324	OR A	_
	(City)	(Zip code)	10 to	
designated in this i	snt's acceptance: id as registered agent and to accept service application, I hereby accept the appoint apply with the provisions of all statutes re with and accept the obligations of my por  (Registered agent's signature)	nent as registered agent and clative to the proper and com	agree to act in this co plete performance of	pacity. I
the Department of 8	ertificate of existence duly authenticated, State, by the Secretary of State or other of nich it is incorporated.	not more than 90 days prior t fficial having custody of corp	o delivery of this appl prate records in the ju	ication to risdiction

PAGE 02/05

•	~//	
12. Names and business addresses of officers and/or directors:	CRETTON DE	
A. DIRECTORS	TEB.	
Chairman: See attached listing.	(E), O	
Address:	ASSE OF	73
	FLOATE	
Vice Chairman:	WA.	
Address:		
Director:		<u> </u>
Address:		
		<u></u>
Director:		
Address:		
B. OFFICERS		
President: See attached listing.		
Address:		
Vice President:		
Address:		
Secretary:		
Address:		
Treasurer:		
Address:		
	-	
NOTE: If necessary, you may attach an addendum to the application listing additional of	ficers and/or directo	s.
13. Cardacetle age		
(Signature of Director or Officer listed in number 12 of the applica	tion)	
14. Candace M. Wagner, CFO and Treasurer  (Typed or printed name and capacity of person signing application)	n)	
(.) bee or branes want and enhants or betsen signing applicant	(1)	
	l l	

EPM CVC GROUP HOLDINGS, IN **DIRECTORS AND OFFICERS** 

DIRECTORS:

Name:

Address:

David Finnigan

5200 Town Center Circle, Suite 600, Boca Raton, Florida 33486

SECRETARY OF OF OF 1.45

Mark Brody

5200 Town Center Circle, Suite 600, Boca Raton, Florida 33486

Thomas M. Holleran

2020 Front Street, Suite 100, Cuyahoga Falls, Ohio 44221

OFFICERS:

Address for following officers: 2020 Front Street, Suite 100, Cuyahoga Falls, Ohio 44221

Name:

Title:

Thomas M. Holleran

CEO and President

Candace M. Wagner

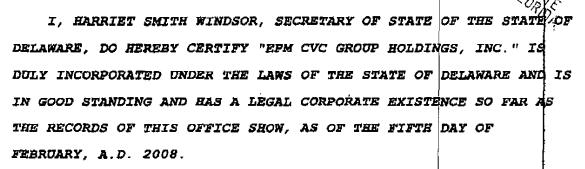
CFO and Treasurer

Michael P. Moore

Secretary

# Delaware

### The First State



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

4471443 8300

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Warnet Smith Windsor, Secretary of State

AUTHENTICATION: 6361751

DATE: 02-05-08