

F13000004096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

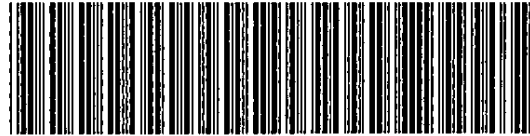
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TRUMAN YOUNG & 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," or "Certificate of Good Standing" 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:

Michael P. Bruns

Name of Person

Truman Young & Associates, Inc.

Firm/Company

4225 Malsbary Rd, Suite 207

Address

Cincinnati, Ohio 45242

City/State and Zip code

mbruns@trumanpyoung.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael P. Bruns

Name of Person

at (513) 861-5655

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|---|---|

**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. Truman Young & Associates, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Ohio 3. 31-1365792
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/24/1992 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. not yet
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 4225 Malsbary Rd, Suite 207 Cincinnati, Ohio 45242
(Principal office address)
- same
(Current mailing address)
8. provide structural engineering in Florida
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: William Feldman
- Office Address: 5483 Rattlesnake Hammock Rd., #303B
- Naples, Florida 34113
(City) (Zip code)

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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.

William G. Feldman

(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:

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A. DIRECTORS

Chairman: N/A

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Address: _____

Vice Chairman: N/A

Address: _____

Director: N/A

Address: _____

Director: N/A

Address: _____

B. OFFICERS

President: James T. Young

Address: 4225 Malsbary Rd., Suite 207

Cincinnati, Ohio 45242

Vice President: Michael A. Schulte

Address: 4225 Malsbary Rd., Suite 207

Cincinnati, Ohio 45242

Secretary: Michael P. Bruns

Address: 4225 Malsbary Rd, Suite 207 Cincinnati, Ohio 45242

Treasurer: Dennis W. Scheidt

Address: 4225 Malsbary Rd., Suite Cincinnati, Ohio 45242

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Michael P. Bruns

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Michael P. Bruns, Secretary

(Typed or printed name and capacity of person signing application)

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DIVISION OF CORPORATION

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

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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 TRUMAN YOUNG & ASSOCIATES, INC., an Ohio professional corporation, Charter No. 834182, having its principal location in Cincinnati, County of Hamilton, was incorporated on December 24, 1992 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 12th day of September, A.D. 2013.

Jon Husted

Ohio Secretary of State

Validation Number: 201325500370