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## **COVER LETTER**

TO: Registration Se Division of Co				
SUBJECT:	GRAVITY 157	ZAFT	CORPORA	KTION
	Name of corpora	tion - mus	include suffix	
Dear Sir or Madam:				
"Certificate of Existent	tion by Foreign Corporation ce," or "Certificate of Good on corporation to transact bu	Standing"	and check are sub	
Please return all corres	pondence concerning this m	atter to the	following:	
L.	AWRENCE T311	.L		
	AWRENCE T31L Name	of Person		
G	GRAN ITY KRAFT	COR	POTZATION	J
	Firm/9	Company		
Q	1900 PRINCETON	J GLE	NDALE TO	D
		ddress		
	CINCINNATI, City/Sta	2410	45246	
	City/Sta	te and Zip	code	
1rb	ill a the avail	tuau	OUD, COM	
	E-mail address (to be us	sed for futi	ire annual report r	notification)
For further information	concerning this matter, plea	ase call:		
Lawrence	rill at 5	13	948-8	400
Name of Perso	at (5)	Code	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
Clifton Buildir 2661 Executiv Tallahassee, Fl	Center Circle		Tallahassee, F	
Enclosed is a check for	the following amount:			
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		75 Filing Fee & ified Copy	\$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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Corp." "Inc.," "Corp.," "Corp.," "Inc.," "Corp.," "Corp.," "Inc.," "Corp.," "Cor

•	oy under the law of which it is incorporated)	26-3134029		
(Date	5 of incorporation)	(Date of duration, if other than perpe	tual)	
(	JANUARY (Date first transacted business in F		•	
***************************************		lorida, if prior to registration)		
	(SEE SECTIONS 607.1501 & 607.1502			
9900 PA		2, F.S., to determine penalty liability)	0410	452
9900 76		2, F.S., to determine penalty liability)	, OHIO, 4	452 17
9900 PA		2, F.S., to determine penalty liability)	,0H10,	452
9900 PA	(SEE SECTIONS 607.1501 & 607.1502  LINCETON GLENDALE TOO g  (Principal (Current mailing)	2, F.S., to determine penalty liability)	OH10 2	47 」第27
		2, F.S., to determine penalty liability)  30 ITE 200 CINCINATI  office address)  address, if different)	OH10, 4	行 Jan 27 PH
Name and stree	(Current mailing	2, F.S., to determine penalty liability)  30 ITE 200 CINGNOATI  office address)  address, if different)  Box NOT acceptable)	OH10 2	7 24 1:
Name and stree	(Current mailing et address of Florida registered agent: (P.O.  CT CORPORATION SYST	2, F.S., to determine penalty liability)  30 ITE 200 CINCINATI office address)  address, if different)  Box NOT acceptable)	OHIO 2	7 PH
Name and stree	(Current mailing	2, F.S., to determine penalty liability)  30 ITE 200 CINCINATI office address)  address, if different)  Box NOT acceptable)	OHIO 2	7 PH 1:3

9. 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.

Laura Broderick
(Registered agent's signature)

Laura Broderick
Assistant Secretary

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: \_\_\_\_\_ Vice Chairman: Address: \_\_\_ Director: Address: \_\_ Director: B. OFFICERS President: MICHAELA GRAHAM 9900 PRINCETON GLENDAUE TOD CINCINNATI, OHIO 45146 Vice President: LHAD M MILLER Address: 9900 PRINZETON GLENDALE TED CINCINNATI, OHIO 45246 Secretary: KOREY T, KIEPERT Address: 9900 PRINCETUN GLENDALE TO CINCINNATI OHIO 45246

LAWRENZE T. BILL Treasurer: LAWRENZE B. BILL Address: 9900 PRINCETON GLENDALE TO LINCINNATI, OHIO 49 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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. 13. LAWRENCE R. BILL TREASURER

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

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 GRAVITYKRAFT CORPORATION, an Ohio corporation, Charter No. 1793827, having its principal location in Cincinnati, County of Hamilton, was incorporated on July 15, 2008 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 23rd day of January, A.D. 2017.

**Ohio Secretary of State** 

Validation Number: 201702304212