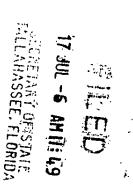
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| (Re | equestor's Name) | | | |
|---|--------------------|-----------|--|--|
| . (Ad | Idress) | | | |
| (Ad | ldress) | | | |
| (Cit | ty/State/Zip/Phone | #) | | |
| PICK-UP | MAIT | MAIL | | |
| (Bu | ısiness Entity Nam | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only

11 to Earl



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 13, 2017

MELODY A PIORKOWSKI 20595 LORAIN ROAD FAIRVIEW PARK, OH 44126

SUBJECT: NATIONAL SMALL BUSINESS PG, INC.

Ref. Number: W17000049591

We have received your document for NATIONAL SMALL BUSINESS PG, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 517A00011982

COVER LETTER

| TO: | Registration Section Division of Corporations |
|---------|--|
| SHRI | ECT: National Small Business |
| SODO. | Name of Corporation – must include suffix |
| Dear S | ir or Madam: |
| Affairs | closed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to r the above referenced not for profit corporation to conduct its affairs in Florida. |
| Please | return all correspondence concerning this matter to the following: |
| | Melody A. Piorkowski |
| | Name of Person |
| | National Small Business PG, Inc. |
| | Firm/Company |
| | Mailing: |
| | 20595 Lorain Road |
| | Address |
| | Fairview Park, Ohio 44126 |
| | City/State and Zip Code |
| | mpiorkowski@mcgowancompanies.com |
| | E-mail address: (to be used for future annual report notification) |
| For fu | rther information concerning this matter, please call: |
| Meloc | dy A. Piorkowski 440 333-6300 at () |
| | Name of Person Area Code Daytime Telephone Number |
| | MAILING ADDRESS: Registration Section Registration Section Richian of Comparations |
| | Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building |
| | Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 |
| Enclos | sed is a check for the following amount: |
| ☐ \$70 | 0.00 Filing Fee \$\times \text{S78.75 Filing Fee & Certificate of Status}\$\text{S78.75 Filing Fee & Certified Copy}\$\text{S87.50 Filing Fee, Certified Copy}\$\tag{Certified Copy}\$ |

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

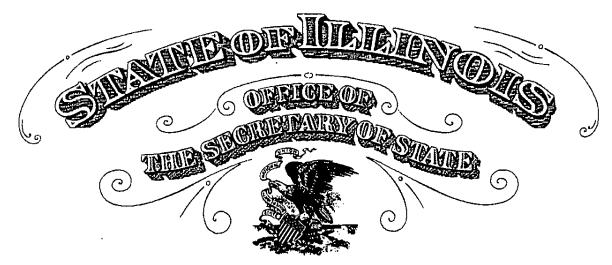
| | all Business PG, Inc. | |
|---|--|--|
| (Name of corpo import in langu in the name at p | oration: must include the word "INCORPORATED" or "CORPORATION" or words or age as will clearly indicate that it is a corporation instead of a natural person or partner present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporate. | or abbreviations of like orthin if not so contained poration.) |
| (If name unav | vailable in Florida, enter alternate corporate name adopted for the purpose of transacting | ng business in Florida) |
| 2. Illinois | antry under the law of which it is incorporated) (FEI number, if applications) | |
| (State or cou | intry under the law of which it is incorporated) (FEI number, if applied | cable) |
| 1. 04/05/2017 | 5. | |
| (1 | Date of Incorporation) 5. (Date of duration, if other | than perpetual) |
| Date first cond | ducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to | determine nandra lighilim |
| | cker Drive - 22nd Floor · Chicago, IL 60606 | trace name penning tracting,) |
| , | (Principal office address) | |
| | (| AHA |
| 20595 Lomin | Road · Fairview Park, OH 44126 | |
| | (Current mailing address, if different) | CH S |
| | | m _S 🗪 |
| To procure Li | ability Insurance on behalf of our membership. corporation authorized in home state or country to be carried out in the state of Florid. | GF COR |
| (Purpose(s) of | corporation authorized in home state or country to be carried out in the state of Florid | a) 📆 🚟 |
| , Name and <u>str</u> | reet address of Florida registered agent: (P.O. Box NOT acceptable) | IH (1): 4,9 |
| Name: | Corporation Service Company | |
| Office Address: | 1201 Hays Street | |
| | Tallahassee , Florida 32301 (City) (Zip Co | |
| | (City) (Zip Co | de) |
| Having been na lesignated in th urther agree to luties, and I an | d agent's acceptance: amed as registered agent and to accept service of process for the above state this application, I hereby accept the appointment as registered agent and agr to comply with the provisions of all statutes relative to the proper and comple in familiar with and accept the obligations of my position as registered agent (Registered agent's signature) a certificate of existence duly authenticated, not more than 90 days prior to designations. | ree to act in this capacity. I steeperformance of my |
| the Departs | nent of State, by the Secretary of State or other official having custody of corp | ouvery or this application to porate records in the |

jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

A. DIRECTORS

| Chairman: | | | |
|---|--------------|-------------|---------|
| Address: | | | |
| | | | - |
| Vice Chairman: | | | |
| Address: | | | |
| | | | |
| Director: | | | <u></u> |
| Address: | | | |
| Director | | | |
| Director: | | | |
| Address: | LL AH | 17 a | |
| B. OFFICERS | HASS | | - Paul |
| President: Thomas B. McGowan, IV | Řίς. Υυ | <u> </u> | |
| 25550 Lake Road · Bay Village, OH 44140 Address: | FLOR | | Ö |
| | RIDA | 6 | |
| Vice President: | | _ | |
| Address: | <u> </u> | <u></u> | |
| Laura A. McGowan | | | |
| 839 Carriage Park Oval · Westlake, OH 44145 Address: | | | |
| Thomas B. McGowan, III Treasurer: | | | |
| 27000 Bruce Road · Bay Village, OH 44140 Address: | | | |
| | | | |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers | s and/or dir | ectors. | • |
| 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the a | pplication) | | |
| President 14. (Typed or printed name and capacity of person signing application) | | | _ |
| Livned or printed name and capacity of person stoning application) | | | |



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

NATIONAL SMALL BUSINESS PG, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 05, 2017, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 8TH
day of MAY A.D. 2017.

Authentication #: 1712801528 verifiable until 05/08/2018
Authenticate at: http://www.cyberdrivellinois.com

Desse White

SECRETARY OF STATE