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(Address)

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DIVISION OF COURT REPORTERS

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
Bruce L. Roberts, Inc.

**SUBJECT:** \_\_\_\_\_  
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:  
Todd Comisso

_____	Name of Person
Bruce L. Roberts, Inc.	
_____	Firm/Company
200 Louisiana Ave.	
_____	Address
Perrysburg, OH 43551	
_____	City/State and Zip code
blrdesign@aol.com	
_____	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Keith DeWalt, CPA	419	872-1272
_____	at ( _____ )	_____
Name of Person	Area Code	Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified 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.*

Bruce L. Roberts, Inc.

1. \_\_\_\_\_  
(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)  
Ohio 34-0960265

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

01/01/1965

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

8/23/2017

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

200 Louisiana Ave., Perrysburg, OH 43551

7. \_\_\_\_\_  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)


8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: George Chapman

Office Address: 8231 Bay Colony Dr, PH 2101  
Naples, Florida 34108  
(City) (Zip code)

**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.*

X   
(Registered agent's signature)

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.

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DIVISION OF CORPORATE AFFAIRS

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

**A. DIRECTORS**

Todd Commisso  
Chairman: \_\_\_\_\_  
200 Louisiana Ave.  
Address: \_\_\_\_\_  
Perrysburg, OH 43551

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
Director: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. OFFICERS**

Todd Commisso  
President: \_\_\_\_\_  
200 Louisiana Ave.  
Address: \_\_\_\_\_  
Perrysburg, OH 43551

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_  
Secretary: \_\_\_\_\_  
Address: \_\_\_\_\_  
Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_

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

12.  \_\_\_\_\_  
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. M. Todd Commisso  
(Typed or printed name and capacity of person signing application)

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DIVISION OF REVENUE

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 BRUCE L. ROBERTS, INC., an Ohio corporation, Charter No. 336840, having its principal location in Toledo, County of Lucas, was incorporated on January 15, 1965 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 24th day of August, A.D. 2017.*

*Jon Husted*

Ohio Secretary of State

Validation Number: 201723601058