F17 00 0004795

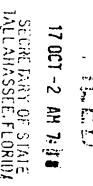
| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |





000301344720

07/17/17--01038--038 **67.50



COVER LETTER

| _ | gistration Sec rision of Cor | | | | | |
|---|---------------------------------|--------------------------|--|--|--|--|
| | | NVESTMENT (| CORP. | | | |
| SUBJECT: Name of corporation - must include suffix | | | | | | |
| Dear Sir or | Madam: | | | | | |
| Certificate | of Existenc | e," or "Certific | Corporation for ate of Good Star o transact busine | Authorization to Transac iding" and check are sub- ess in Florida. | et Business in Florida." mitted to register the | |
| Please retur MELISSA E | | ondence conce | erning this matter | r to the following: | | |
| | | | Name of | Person | | |
| MEMA INV | 'ESTMENT (| ORP. | | | | |
| | | - | Firm/Con | ipany | | |
| 9751 ACTO | N COURT | | | | | |
| <u>-</u> - | | | Addre | ess | | |
| CINCINNA | TL OH 45241 | i | | | | |
| | | | City/State a | nd Zip code | | |
| melissabales | s@ymail.com | | | | | |
| | | E-mail add | ress: (to be used | for future annual report n | otification) | |
| For further | information | concerning thi | s matter, please (| call; | | |
| MELISSA I | BALES | | 513 at (| 7 - 53 T 458821 | 1090 | |
| Na | ime of Perso | n | Area Cod | e Daytime Telepl | hone Number | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | ESS: | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | |
| Enclosed is | a check for | the following | amount: | | | |
| ☐ \$70,00 l | Filing Fee | □ \$78.75 F Certifica | iling Fee & — E ate of Status | 3 \$78.75 Filing Fee & Certified Copy | ■ \$87.50 Filing Fee, Certificate of Status & | |
| Sent i | with o | riginal c | application | in July | Certified Copy | |

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| MEMA INVESTMENT CORP. SUBJECT: | |
| | on - must include suffix |
| Dear Sir or Madam: | |
| The enclosed "Application by Foreign Corporation 6" "Certificate of Existence," or "Certificate of Good S above referenced foreign corporation to transact bus | tanding" and check are submitted to register the |
| Please return all correspondence concerning this ma MELISSA BALES | tter to the following: |
| Name | of Person |
| MEMA INVESTMENT CORP. | |
| Firm/C | ompany |
| 9751 ACTON COURT | |
| Ac | dress |
| CINCINNATI, OH 45241 | |
| City/Stat | e and Zip code |
| melissabales@ymail.com | |
| E-mail address: (to be use | ed for future annual report notification) |
| For further information concerning this matter, pleas | e call: |
| MELISSA BALES 513 at (| 2458979 |
| Name of Person Area C | ode 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 & 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.

| | ed for the purpose of transacting business in Florida | |
|--|---|--|
| · | | , |
| · | • • | - |
| orporation) | (Date of duration, if other than perpetual) | _ |
| | | |
| (Date first transacted business in Flori (SEE SECTIONS 607.1501 & 607.1502, F | ida, if prior to registration) .S., to determine penalty liability) | _ |
| CINCINNATI,OH 45241 | | |
| (Principal of) | fice address) | |
| | | 70 |
| (Current mailing add | dress, if different) | 3 |
| occ of Florida registered agent: (P.O. Ro | NOT accentable) | Ň |
| | FIS 1 | |
| 3 GOVERNORS SQUARE BLVD STE 101 | RIO | |
| LAHASSEE | 32301 . Florida | • |
| (City) | (Zip code) | |
| | (Date first transacted business in Flor (SEE SECTIONS 607.1501 & 607.1502.4 CINCINNATLOH 4524) (Principal of (Current mailing additional season of Florida registered agent: (P.O. Bosiness Fillings incorporated) 3 GOVERNORS SQUARE BLVD STE 101 LAHASSEE (City) | (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) CINCINNATI,OH 45241 (Principal office address) (Current mailing address, if different) (Current mailing address, if different) (SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (CINCINNATI,OH 45241 (Principal office address) (Current mailing address, if different) (Current mailing address, if different) (SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (CINCINNATI,OH 45241 (Principal office address) |

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:

| | ECTORS MELISSA M BALES |
|---------------------------------------|---|
| | 9751 ACTON COURT, CINCINNATI,OH 45241 |
| Vice Chai | MARK BALES |
| Address: | 9751 ACTON COURT, CINCINNATI,OH 45241 |
| Director: | MELISSA M BALES |
| | 9751 ACTON COURT, CINCINNATLOH 45241 |
| Director: | MARK BALES |
| | 9751 ACTON COURT, CINCINNATI,OH 45241 |
| B. OFF | MELISSA M BALES |
| | 9751 ACTON COURT, CINCINNATI,OH 45241 |
| Vice Pres | MARK BALES |
| Address: | 9751 ACTON COURT, CINCINNATI,OH 45241 |
| Secretary: | MELISSA M BALES |
| Address: | 9751 ACTON COURT, CINCINNATLOH 45241 MARK BALES |
| Treasurer Address: | 9751 ACTON COURT, CINCINNATI,OH 45241 |
| | If necessary, you may attach an addendum to the application listing additional officers and/or directors. Yorking to Deley Signature of Director or Officer |
| The offic are true c a third de | Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes egree felony as provided for in s.817.155. F.S. LISSA M. BALES |

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 MEMA INVESTMENT CORP., an Ohio corporation, having qualified to do business within the State of Ohio on August 24, 2006 under License No. 1643636 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 7th day of September, A.D. 2017.

Ohio Secretary of State

for Hastel

Validation Number: 201725002474