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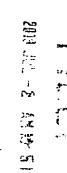
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	Certificates	s of Status			
Special Instructions to	Filing Officer:				

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#### **COVER LETTER**

27

	TO: Registration Section Division of Corporations						
	Scheer, Green and Burke, Co. L.P.A.  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: Hal Burke						
	Name of Person						
	Scheer, Green and Burke, Co. L.P.A.						
	Firm/Company						
	One Scagate, Suite 640						
	Address						
	Toledo, OH 43604		201				
	City/State and Zip code		!				
	hburke@sgblegal.com		i -	10 127mg			
	E-mail address: (to be used for future annual report notification)		<u>~3</u>	j Jeneral			
	For further information concerning this matter, please call:	٠		‡ 1 = "			
f	Hal Burke 419 243-2283 ex. 5502		رب الاي				
	Name of Person Area Code Daytime Telephone Number  Janet Lacez at (See) 315-6865						
	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 & ☐ \$78.75 Filing Fee & ☐ \$87.50 F  Certificate of Status	ite of S	Status	Ŀ			

### 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. Scheer, Green and Burke, Co. L.P.A. 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) 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of duration, if other than perpetual) (Date of incorporation) Upon Approval (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) One Seagate, Suite 640, Toledo, OH 43604 (Principal office address) P.O. Box 1335, Toledo, OH 43603-1335 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agent Solutions, Inc. Name: 155 Office Plaza Dr., Suite A Office Address: Tallahassee (City)

#### 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.

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. DIRI	ECTORS  Hal Burke			
Chairman				<del>.</del>
Address:	One bengate, butter, total, on 45004			
	N/A			
Vice Chai	rman:	-		
Address:				
-				
Director:	N/A			
Address:	<del></del>			
Director:	N/A			
Address:				
				·
B. OFF	CERS			
President:	Hal Burke	<u> </u>	20:	
Address:	One Scagate, Suite 640, Toledo, OH 43604	24	=	· · · · · ·
		3,3 ur r	n Pø	1
Vice Presi	Hal Burke dent:		7% 130	حد 1
Address:	One Seagate, Suite 640, Toledo, OH 43604	 * :-	( <del>**</del>	••
		3.	-	
Secretary:	Hal Burke			_
Address:	One Seagate, Suite 640, Toledo, OH 43604			
Treasurer:	Hal Burke			_
Address:	One Seagate, Suite 640, Toledo, OH 43604	_		_
NOTE:	If necessary, you may attach an addendum to the appropriation listing additional office	rs and/or dire	ectors	<del>-</del>
	/ MID TOX			
are true a	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms to that he or she is aware that false information submitted in a document to the Depagree felony as provided for in s.817.155, F.S.	hat the facts artment of Sta	stated late con	herein stitutes
13. Hal I				
	(Typed or printed name and capacity of person signing application)			

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

I, Frank LaRose, 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 SCHEER, GREEN AND BURKE, CO. L.P.A., an Ohio professional corporation, Charter No. 509648, having its principal location in Toledo, County of Lucus, was incorporated on January 3, 1978 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 1st day of July, A.D. 2019.

**Ohio Secretary of State** 

Fred John

Validation Number: 201918203860