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SBF
8/14/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Steed Hammond Paul, Inc.
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:

Susan Woollum

Name of Person

Steed Hammond Paul, Inc.

Firm/Company

312 Plum Street, Ste 700

Address

Cincinnati, OH 45202

City/State and Zip code

swoollum@shp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Woollum

at (513)

381-2112

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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

2010 FEB 10 11:10:21

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. Steed Hammond Paul, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

SHP

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Ohio 3. 31-0997825
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/02/1981 5.
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 312 Plum Street, Ste 700, Cincinnati, OH 45202
(Principal office street address)

N/A
(Current mailing address, if different)

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(City) (Zip code)

2020 FEB 10 10:10:21

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.

Karen Gibson on behalf of InCorp Services, Inc.
(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: See attachment

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

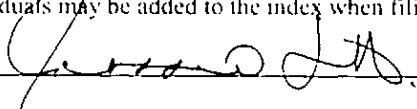
President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.  V.P.
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. Joanne Scott, Vice President
(Typed or printed name and capacity of person signing application)

11. Directors

	Name	No. & Street	City	State	Zip
President	Lauren Della Bella	312 Plum St, Ste 700	Cincinnati	OH	45202
Executive Vice President	Thomas Fernandez	312 Plum St, Ste 700	Cincinnati	OH	45202
Vice President	Todd Thackery	312 Plum St, Ste 700	Cincinnati	OH	45202
Vice President	Ronald Hicks	312 Plum St, Ste 700	Cincinnati	OH	45202
Vice President	Richard Thomas	312 Plum St, Ste 700	Cincinnati	OH	45202
Vice President	Joanne Scott	312 Plum St, Ste 700	Cincinnati	OH	45202
Vice President	Charles Jahnigen	312 Plum St, Ste 700	Cincinnati	OH	45202
Vice President	Jeffrey Sackenheim	312 Plum St, Ste 700	Cincinnati	OH	45202
Vice President	Michael Parkinson	312 Plum St, Ste 700	Cincinnati	OH	45202
Vice President	Brandi Bresser	312 Plum St, Ste 700	Cincinnati	OH	45202

2020/11/10 10:31

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 STEED HAMMOND PAUL, INC., an Ohio corporation, Charter No. 567838, having its principal location in Hamilton, County of Butler, was incorporated on January 2, 1981 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 5th day of August, A.D. 2020.

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202021801294

2020 AUG 10 AM 10:21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2020

SUSAN WOOLLUM
312 PLUM STREET STE 700
CINCINNATI, OH 45202 US

SUBJECT: STEED HAMMOND PAUL, INC.
Ref. Number: W20000078155

We have received your document for STEED HAMMOND PAUL, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 220A00013866

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AUG 10 2020