



CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE :

AUTHORIZATION

COST LIMIT : \$ 70.00

ORDER DATE : 04/25/2024

ORDER TIME :

ORDER NO. :

CUSTOMER NO:

FOREIGN FILINGS

NAME: Cintas Cares Foundation

QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
\_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: AMANDA MILLER

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cintas Cares Foundation  
\_\_\_\_\_  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Sowmya Aggarwal

\_\_\_\_\_  
Name of Person

Cintas

\_\_\_\_\_  
Firm/Company

6800 Cintas Boulevard

\_\_\_\_\_  
Address

Mason, OH 45040

\_\_\_\_\_  
City/State and Zip Code

Cintascaresfoundation@cintas.com

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

For further information concerning this matter, please call:

Sowmya Aggarwal

at ( 513 ) 459-1200

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

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

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

**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:

1. Cintas Cares Foundation  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

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

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

4. 03-10-2023 5. Perpetual  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. Upon Filing  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 6800 Cintas Boulevard, Mason OH 45040  
(Principal office street address)

(Current mailing address, if different)

8. Employee assistance fund  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32031  
(City) (Zip Code)

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10. **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.*

Corporation Service Company

By: Shauna Godbolt

11. 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.

12. 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: Todd M. Schneider

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

Director 6800 Cintas Boulevard

President Mason OH 45040

Vice President \_\_\_\_\_

Secretary  Treasurer

Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: J. Michael Hansen

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

Director 6800 Cintas Boulevard

President Mason OH 45040

Vice President \_\_\_\_\_

Secretary  Treasurer

Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: D. Brock Denton

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

Director 6800 Cintas Boulevard

President Mason OH 45040

Vice President \_\_\_\_\_

Secretary  Treasurer

Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Michelle Goret

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

Director 6800 Cintas Boulevard

President Mason OH 45040

Vice President \_\_\_\_\_

Secretary  Treasurer

Other: Asst Sec  Other: \_\_\_\_\_

Chairman Name: Max Langenkamp

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

Director 6800 Cintas Boulevard

President Mason OH 45040

Vice President \_\_\_\_\_

Secretary  Treasurer

Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: \_\_\_\_\_

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

Director \_\_\_\_\_

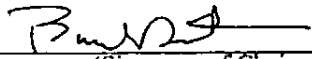
President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other: \_\_\_\_\_  Other: \_\_\_\_\_

**NOTE: 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.

13.   
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. D. Brock Denton, Secretary  
 (Typed or printed name and capacity of person signing application) CSC QUAL-33195

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 CINTAS CARES FOUNDATION, an Ohio not for profit corporation, Charter No. 5015105, having its principal location in Mason, County of Warren, was incorporated on March 10, 2023 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 23rd day of April, A.D. 2024.*

*Frank LaRose*

Ohio Secretary of State

Validation Number: 202411404686