Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 Phone : (813)229-7600 Fax Number : (813)229-1660

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mdockins@shumaker.com

FLORIDA LIMITED LIABILITY CO.

Brisco and Bradshaw, LLC

Certificate of Status	0
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Corporate Filing Menu

Help

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RTICLE I - Name: ne name of the Limited Liab	ility Company is:					
	inty company is:					
Brisco and Bradsh	aw, LLC	· .				
(Must co	ontain the words "Limited"	Liability Company, "	L.L.C.," or "LLC.")			
RTICLE II - Address:						
e mailing address and stree	t address of the principal o	ffice of the Limited I	iability Company is:			
<u>Princ</u>	cipal Office Address:		Mailing Address:			
1000 Jackson Stre	et	1000	1000 Jackson Street			
Toledo, Ohio 436			Toledo, Ohio 43604			
	Agent, Registered Office,	& Registered Agent	's Signature:			
RTICLE III - Registered A he Limited Liability Compa other business entity with a ne name and the Florida stre	Agent, Registered Office, any cannot serve as its own an active Florida registration et address of the registered	& Registered Agent Registered Agent. Y	's Signature:			
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he Limited Liability Compa other business entity with a	Agent, Registered Office, any cannot serve as its own in active Florida registration et address of the registered Michael E. Dockins 101 East Kennedy B.	& Registered Agent (Registered Agent Yon.) d agent are: Name oulevard, Suite 2800	's Signature: ou must designate an individual or			

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

	Title:		٠,,	Name and Addres	S.	•	
	"AMBR" - Authorized	Member	٠	•			
•	"MGR" = Manager	.`	٠,				
	AMBR	_	: · .	Floyd Gerald Brisco	•	•	
				1000 Jackson Street			
	•	,	; ·,	Toledo, Ohio 43604			
	4			•			
	AMBR			John Charles Layfield			
		· · ·		1000 Jackson Street			·
				Toledo, Ohio 43604		<u> </u>	
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