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(Requestor's	Name)
(Address)	
	
(Address)	
(City/State/Zi	p/Phone #)
PICK-UP W	AIT MAIL
(Business En	tity Name)
(Document N	umber)
Certified Coples Cer	tificates of Status
Special Instructions to Filing Office	cer:
Office \	Jse Only



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CT CORPORATION

May 27, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5854855 SO Customer Reference 1:

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Smartshred LLC (OH) Registration Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Manager Fulfill Ctr Connie_Bryan@cch-lis.com

660 East Jefferson Street Tallahassee, Ft. 32301 Tel. 850 222 1092 Fax 850 222 7615

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	Smartshred, LLC	
	(Name of foreign limited liability company)	
2	Ohio Ohio 3. 31-1647654 Ourisdiction under the law of which foreign limited liability (FEI number, if applicable)	
(.	urisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
١.	08/23/1999 5. Perpetual	
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
5.	June 1,2003	_
	Tune 1, 2003 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)	
7.	6800 Cintas Blvd.,, Mason, OH 45040	
,	(Street address of principal office)	-
	If limited liability company is a manager-managed company, check here 🔀	
	The name and usual business addresses of the managing members or managers are as follows:	
	CINTAS CORPORATION NO. 2, LERCO CINTAS IDIVO, FO DOL	E
	625737 Cincinnati OH 45262-5737 500 00	_
		-
0.	Awached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of re	cords i
	the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign lang	nage.
	translation of the certificate under oath of the translator must be submitted.)	
I.	Nature of business or purposes to be conducted or promoted in Florida: Document	
	<u> </u>	
_	Shredding	
	fant / / /	
	Signature of a member or an authorized representative of a member.	
	In accordance with section 608.408(3), F.S., the execution of this document constitutes	
	an affirmation under the penalties of perjury that the facts stated herein are true.)	
	Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

Smartshi	red, LLC		
. The name	and the Florida street a	address of the registered agent and office are	:
		C T Corporation System	
		(Name)	
	olo C T Corne	writing System 1300 South Pine Island Doed	
c/o C T Corporation System, 1200 South Pinc Island Road Florida street address (P.O. Box NOT ACCEPTABLE)		 516. 9	
		•	ـــــــــــــــــــــــــــــــــــــ
	Plantation,	FI 33324	
		(City/State/Zip)	
			~ "TT 4"
ibility compa gistered agei atutes relatin	iny at the place designon in and agree to act in the ig to the proper and con	ent and to accept service of process for the ab nted in this certificate, I hereby accept the app his capacity. I further agree to comply with t mplete performance of my duties, and I am fa	ove stated limited pointment as he provisions of all miliar with and
ibility compa gistered agei atutes relatin	my at the place designon nt and agree to act in the g to the proper and con gations of my position	nted in this certificate, I hereby accept the app his capacity. I further agree to comply with t mplete performance of my duties, and I am fa as registered agent as provided for in Chapte	ove stated limited pointment as he provisions of all miliar with and
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\$ 5.00 Certificate of Status (optional)

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

I, J. Kenneth Blackwell, 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 corporations; that said records show SMARTSHRED LLC, an Ohio Limited Liability Company, Registration No. 1109872, was organized within the State of Ohio on August 23, 1999, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of May, A.D. 2003.

Ohio Secretary of State