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(Re	equestor's Name)		
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PICK-UP	WAIT	MAIL	
(Bu	isiness Entity Nam	ne)	
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Certified Copies	_ Certificates	of Status	
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1.	Carouel relocation Services, 110
	(Name of foreign limited liability company)
2	Ohio 3. N/A
(3)	Urisdiction under the law of which foreign limited liability company is organized) 3. W/A (FEI number, if applicable)
4.	2 12 2004 5. Perpetual (Date of Organization) (Duration: Year limited liability company will cease to
	exist or "perpetual")
6	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
``.	(Date first transacted business in Florida, (See sections 608,501, 608,502, and 817,155, F.S.)
7	10700 MONTGOMON RI
	Cincinnati of 45242 (Street address of principal office)
-	(Street address of principal office)
R 1	If limited liability company is a manager-managed company, check here
O, 1	a minico matority company is a manager-managed company, thete nere
9. 1	The name and usual business addresses of the managing members or managers are as follows:
	Toby Caraces 10700 Monte among Pd Cincinnati 11 45183
	TODY CHOVES 14 100 MONIGOMENT RO CINCINIATI, 614 402 40. 55
,	
10	Attachad is an anisimal anti-Conta of anistance as an another 00 to a 14 to 4 and 4 to 14 to 6 to 14 to 15 t
10. 7	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records ir the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
	translation of the certificate under eath of the translator must be submitted.)
	Nature of business or purposes to be conducted or promoted in Florida:
11.	Nature of offsmess of purposes to be conducted of promoted in Fforida.
_	Consulting and services
	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.)
	Toby L. Groves
	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.

1. The name of the Limited Liability Company is: Groves relocation Services, LLC	
2. The name and the Florida street address of the registered agent and office are:	
Toby Groves	
(Name)	o =
7290 College Pkwy Florida street address (P.O. Box NOT ACCÉPTABLE)	JEGRETARY JEGN OF CO
City/State/Zip)	PM 12: 57
Having been named as registered agent and to accept service of process for the above st liability company at the place designated in this certificate, I hereby accept the appointm registered agent and agree to act in this capacity. I further agree to comply with the prostatutes relating to the proper and complete performance of my duties, and I am familian accept the obligations of my position as registered agent as provided for in Chapter 608	nent as ovisions of all r with and

(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 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 GROVES RELOCATION SERVICES, LLC, an Ohio Limited Liability Company, Registration Number 1440976, was organized within the State of Ohio on February 12, 2004, is currently in FULL FORCE AND EFFECT upon the records of this office.

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Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 12th day of April, A.D. 2004

Queeth Hackmers

Ohio Secretary of State

Validation Number: V2004102A0B081