m05000006636

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/Otate/Elp/(Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
[
,
}
] "
Office Use Only
A The Control of the
Carrier Contraction of the Contr
Washington W. V.
• •



600061268946

17,49765 30000 - 662 ++180,00

way war

COVER LETTER

TO: Registration Section

Division of Corporations	
SUBJECT: O415 VAUCY (Name of Limit	TNANCIAL LLC ted Liability Company)
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	atter to the following:
<u> </u>	M. GRIMM me of Person)
<u>.</u>	uzy T7Nancial m/Company)
4791 [2:	(Address)
CINCINNATI (City/Sta	OH (1522) ite and Zip Code)
For further information concerning this matter, plea	ise call:
(Name of Person)	at (513) 272-5142 nbc (Area Code & Daytime Telephone-inbc)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{align*} \pm \frac{1}{2}	□\$155 00 Filing Fee & □\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 17, 2005

KENNETH M. GRIMM OHIO VALLEY FINANCIAL 4791 RED BANK EXPRESSWAY CINCINNATI, OH 45227

SUBJECT: OHIO VALLEY FINANCIAL LLC

Ref. Number: W05000051475

We have received your document for OHIO VALLEY FINANCIAL LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

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) 245-6913.

Diane Cushing Document Specialist

Letter Number: 505A00068080

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO

		•	. 1					
1		(Name of F	Foreign Limited	EY つい Liability Com	MANCι Aι pany)	. uc		
2. (Juris	241 0 liction under the law only is organized)							
4	5/30/3 (Date of Orga	loc3 unization)			n: Year limited perpetual")	PCTLAL liability comp	any will cease to	<u>-</u>
6	(E (Sec	Date first transacte e sections 608.50	ed business in I 1 & 608.502 F.	Torida, if prior S. to determine	to registration.) y)		-
7	4791	Ren 13	anc E	xPiZiZSS C	ΔAY			
	CINCIA	UNATI,	OH US	5 <u>3 3 7</u>	Miss			-
001:						_		
8. 11 11	mited liability com	pany is a man	ager-manage	ed company,	check here	J		
9 The								
,	name and usual bu	isiness address	ses of the ma	naging mem	bers or mana	gers are as f	follows:	
ES1047/	DOD KIRBY	7202 (CAMMI GE	61200	S CIN	ri, 0H	45243	
ES1047/	DOD KIRBY	7202 (CAMMI GE	61200	S CIN	ri, 0H	45243	. r
ES1045/1	,	7202 (nm 811	CAMMIGE	OBRE	S CIN-	11,0H 20,0H	45011	·
ESTOUT I	ODD KIRBY ENNETH GRIM	7202 (n m 8/i) orck 35/i icate of existence, which it is organia	CAMPAR GE 19 SOLET W.C. STILLE no more than 9 ved. (A photoco	COLVEY Oday's old, duly opy, is not accep	HAMILTI W #13 authenticated by	CIVITI	45011 OH 4536 king custody of receign language, a	. <i>r</i> 29 ordsjin
DENT J DALY J 10. Atta the jurisc translatio	ENNETH GRIM ASSR PREHON thed is an original certification under the law of an of the certificate under	7200 (an m 8/1) or car 357 icate of existence, which it is organizer oath of the trans	CAMPATE GE 19 SOLET LACE STINE no more than 90 red. (A photocol lator must be su	COURSE COURSE Clark Oday's old, duly opy, is not accept bruitted.)	HAMILTA HAMILTA L #13 authenticated by table. If the certi	CLUT) the official ha	45011 OH 4536 Aing custody of receign language, a	. <i>r</i> 29 ordsjin
DENT J DALY J 10. Atta the jurisc translatio	DOD KIZDY ENWETH GRIM ASSR PREHOL thed is an original certification under the law of	7202 (mm 8/in 250) icate of existence, which it is organizer cath of the transpurposes to be	AMARCO 19 SOLE 10 STIKE no more than 9 red. (A photocol lator must be suited	COURSE COURSE Clark Oday's old, duly opy, is not accept bruitted.)	HAMILTA HAMILTA L #13 authenticated by table. If the certi	CLUT) the official ha	45011 OH 4536 Aing custody of receign language, a	. <i>r</i> 29 cords in
DENT J DALY J 10. Atta the jurisc translatio	ENNETH GRIM ASSE PREHON thed is an original certification under the law of an of the certificate under the law.	7202 (mm 8/in 250) icate of existence, which it is organizer cath of the transpurposes to be	AMARCO 19 SOLE 10 STIKE no more than 9 red. (A photocol lator must be suited	COURSE COURSE Clark Oday's old, duly opy, is not accept bruitted.)	HAMILTA HAMILTA L #13 authenticated by table. If the certi	CLUT) the official ha	45011 OH 4530 king custody of receign language, a	. <i>r</i> 29 cords in
DENT J DALY J 10. Atta the jurisc translatio	ENNETH GRIM ASSE PREHON ched is an original certification under the law of an of the certificate under the law of the l	7202 (mm 8/in 250) icate of existence, which it is organizer cath of the transpurposes to be	AMARCO 19 SOLE 19 SOLE 10 STINE no more than 9 red. (A photocolator must be suited e conducted R 10 Inber or an action 608.408(3).	Odays old, duly opy is not acceptomitted.) or promoted tuthorized re F.S., the execut	HAMILIA HAMILIA Authenticated by table. If the certificate in Florida: presentative ion of this docum	CASTA the official har ficate is in a formation of a member ent constitutes	45011 OH 4536 Aing custody of receign language, a	. <i>r</i> 29 cords in

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:

Ohio Valley Financial LLC	
The name and the Florida street address of the registered agent and office.	ce are:
John Hollefield	<u></u>
529 Ceroline St	
Florida Street Address (P.O. Box NOT ACCEPTABLE) Key West FL 336 City/State/Zip	140
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept the agent and agree to act in this capacity. I further agree to comply with the proceeding to the proper and complete performance of my duties, and I am family obligations of my position as registered agent as provided for in Chapter 608	ne appointment as registered ovisions of all statutes liar with and gocepy the
Q. L. A. (Signature)	- 1 · 13 · 13 · 14 · 15 · 15 · 15 · 15 · 15 · 15 · 15
•	
	$\mathcal{L} = \widetilde{\omega}$

\$ 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 OHIO VALLEY FINANCIAL, LLC, an Ohio Limited Liability Company, Registration Number 1390988, was organized within the State of Ohio on May 30, 2003, 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 2nd day of November, A.D. 2005

Ohio Secretary of State

Validation Number: V2005306N014D6