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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

· TO: Registration Section

Division of Corporations			
SUBJECT: College Downtime LLC			
(Name of Lin	nited Liability Company)		
The enclosed "Application by Foreign Limited Li Florida," Certificate of Existence, and check are s liability company to transact business in Florida			
Please return all correspondence concerning this r	natter to the following:		
James K. Roosa		TAS ZE	-
(N	ame of Person)		
		DEC 12 WE TARY AHASSEI	TILED
Roosa Co., LPA		(m < 2	} {****
(Fi	irm/Company)	P 1: 04 F STATE FLORIDA	111
		RAT :	O
3723 Pearl Rd.		PA 20	
	(Address)		
Cleveland, OH 44109			
	tate and Zip Code)		••
For further information concerning this matter, pl	ease call:		
James K. Roosa	at (216) 635-0636		
(Name of Person)	(Area Code & Daytime Teleph	one Number)	
MAILING ADDRESS:	STREET ADDRESS:		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		
	Taliahassee, FL 32301		
Enclosed is a check for the following amount:			
□\$125.00 Filing Fee □□\$130.00 Filing Fee &			

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

MITED LIABILITY COMPANY TO TRANSAC College Downtime LLC			•
	of Foreign Limited Liabili	ty Company)	
Ohio	3. 20)-1382509	
(Jurisdiction under the law of which foreign company is organized)	n limited liability	(FEI number, i	f applicable)
July 21, 2004	5 P	erpetual	
(Date of Organization)		Duration: Year limited liab xist or "perpetual")	
Not applicable			DEC
(Date first transa	acted business in Florida, 501 & 608,502 F.S. to de	if prior to registration.) termine penalty liability)	2 2 T
612 Pineland Ave., Bellair, F	L 33756		Es T
			22
	(Street Address of Pri	noinal Office	
	,	• ,	
If limited liability company is a ma	anazci-manazcu com	pany, check here iv	
The name and usual business addre		members or manager	s are as follows:
The name and usual business address and Brian Peters, 612 Pineland Av	esses of the managing		s are as follows:
	esses of the managing		s are as follows:
	esses of the managing		s are as follows:
	esses of the managing		s are as follows:
	esses of the managing		s are as follows:
Brian Peters, 612 Pineland Av	esses of the managing	6	
Brian Peters, 612 Pineland Av Attached is an original certificate of existence jurisdiction under the law of which it is organized.	esses of the managing e., Bellair, FL 3375 ce, no more than 90 days of	6 Id, duly authenticated by the tacceptable. If the certificate	official having custody of records
	esses of the managing e., Bellair, FL 3375 ce, no more than 90 days of	6 Id, duly authenticated by the tacceptable. If the certificate	official having custody of records
Brian Peters, 612 Pineland Av Attached is an original certificate of existence jurisdiction under the law of which it is organized.	esses of the managing e., Bellair, FL 3375 ce, no more than 90 days of the managing of the man	6 ld, duly authenticated by the tacceptable. If the certificate	official having custody of records is in a foreign language, a
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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:

College	Downtime	LL	C
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2. The name and the Florida street address of the registered agent and office are:

Brian Peters		77
(Name)		SEC ZOOR
612 Pineland A	DEC AREAS	
Florida Stre	et Address (P.O. Box NOT ACCEPTABLE)	7 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1
Bellair	_{FL} 33756	OF STA
	City/State/Zip	DA OL

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 608, Florida Statutes.

(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 business entities; that said records show COLLEGE DOWNTIME LLC, an Ohio Limited Liability Company, Registration Number 1478064, was organized within the State of Ohio on July 21, 2004, 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 28th day of November, A.D. 2006

Cureth Cachinell

Ohio Secretary of State

Validation Number: V2006332NF3F8C