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Writer's Direct Line: (614) 628-0840 Writer's E-Mail Address: peg@cpmlaw.com

December 14, 2007

Registration Section
Division of Corporations
Florida Secretary of State
P.O. Box 6327
Tallahassee, Florida 32314

Re: Florida Qualification of CCSSM Partners, LLC, an Ohio LLC

Dear Sir or Madam:

Enclosed herewith are documents submitted to qualify CCSSM Partners, LLC, an Ohio limited liability company, to transact business in the State of Florida:

- Florida Division of Corporations Transmittal Letter
- An original and one conformed copy of an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida
- An original and conformed copy of a Certificate of Designation of Registered Agent/Registered Office
- A full force and effect certificate issued by the Ohio Secretary of State (the "OSOS") on December 10, 2007. Please note that certificates of existence are now issued electronically by the OSOS. You may authenticate this certificate via the OSOS website at http://ohsosonline.com/cogs/FileCheck.asp using the validation number (which replaces the Gold Seal in the paper process) found on the certificate itself, which carries the full weight of the law, just as any other certificate provided by the OSOS.
- Our check in the amount of \$130.00 for the filing fee and the return of a certificate of

A postage paid return envelope is provided for return of a letter of acknowledgement as to your acceptance and processing of this filing. Thank you.

Very truly yours,

CARLILE PATCHEN & MURPHY LLP

Pam E. Geiser Paralegal

PEG/PEG/767390.1 078353.031

Enclosures

David S. Jackson (via e-mail)

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: CCSSM PARTNERS, L	LC	
(Name of Limi	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 m	atter to the following:	
PAM E. GEISER		
(Nai	ne of Person)	
CARLILE PATCHEN & MURPHY LLP		
(Fire	m/Company)	
366 E. BROAD ST.		
	(Address)	
COLUMBUS, OH 4321		
(City/Sta	te and Zip Code)	
For further information concerning this matter, plea	ise call:	
David Jackson	_at (614_) 628-0797	
(Name of Person)	(Area Code & Daytime Telephone Number)	
MAILING ADDRESS: Division of Corporations P.O. Box 6327	STREET ADDRESS: Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: ☐\$125.00 Filing Fee \$\sqrt{\$130.00 Filing Fee & Certificate of }\$	\$155.00 Filing Fee & \$\bigcup\$\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy	

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. CCSSM PARTNERS, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L L C," or "LLC")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC")
2. STATE OF OHIO (Jurisdiction under the law of which foreign limited liability company is organized) 3. 20-0360724 (FEI number, if applicable)
4. 11/03/2003 (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
6. UPON REGISTRATION
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 1335 DUBLIN ROAD, SUITE 122-D COLUMBUS OHIO 43215
OULUMBOU, OTHO FULTO
(Street Address of Principal Office)
(Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
N/A
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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 oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: FINANCIAL.
PLANNING AND INVESTMENTS
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) Timothy W. Crawford, Duly Authorized Member

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 Lia	bility Company is:
CCSSM PARTNE	RS, LLC
If name unavailable, the alterna	te name to be used in the state of Florida is:
2. The name and the Florida st	reet address of the registered agent and office are:
Joseph A	Smith
	(Name)
	Dadeland Boulevard, Suite 1800 rida Street Address (P.O. Box NOT ACCEPTABLE)
Miami,	FL 33156 City/State/Zip

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, Jennifer Brunner, 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 CCSSM PARTNERS, LLC, an Ohio Limited Liability Company, Registration Number 1420574, was organized within the State of Ohio on November 03, 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 10th day of December, A.D. 2007

Ohio Secretary of State

Validation Number: V2007344D475CC