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#### **COVER LETTER**

Division of Corporations	•			
SUBJECT: NSHP, LLC				
(Name of Limited Liability Company)				
The enclosed "Application by Foreign Limited Lial Florida," Certificate of Existence, and check are sulliability company to transact business in Florida	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited			
Please return all correspondence concerning this matter to the following:				
Shawn M. Krahe				
(Name of Person)				
Sonkin & Koberna Co., L.P.A. (Firm/Company)				
3401 Enterprise Parkway, Sui				
(Address)				
Cleveland, Ohio 44122 (City/Sta	te and Zip Code)			
, , ,	• ,			
For further information concerning this matter, please call:				
ol w Wash	_at(216 ) 514-8300			
Shawn-M.—Krahe (Name of Person)	at (216)514-8300 (Area Code & Daytime Telephone Number)			
MAILING ADDRESS:	STREET ADDRESS:			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
	Tallahassee, FL 32301			
Enclosed is a check for the following amount:  \$\sum{1}\$125.00 Filing Fee \$\sum{1}\$130.00 Filing Fee & \$\sum{1}\$155.00 Filing Fee & \$\sum{1}\$\$160.00 Filing Fee, Certificate 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. NSHP, 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 written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. Oh 1.0. (Jurisdiction under the law of which foreign limited liability company is organized)  3. 20-4768298 (FEI number, if applicable)
4. April 26, 2006 (Date of Organization)  5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
Sarasota, FL 34235  (Street Address of Principal Office)
<ul> <li>8. If limited liability company is a manager-managed company, check here X</li> <li>9. The name and usual business addresses of the managing members or managers are as follows:</li> </ul>
Joseph Saccone, Manager, 17458 Lakesedge Trail, Bainbridge, Ohio 44023  Richard Hauck, Manager, 7090 Stoneybrook Drive, Chagrin Falls, Ohio 44023
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in 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 translation must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Operation of a restaurant
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.

The name of the Limited Liability Company is:      NSHP, LLC.				
If name unava	ilable, the alternate name	to be used in the state of Florida is:		
2. The name a	and the Florida street addr	ress of the registered agent and office are	:	
	CT Corporation Sy	stem (Name)	OB FEB 15 TALLARIA	
	1200 South Pine I Florida Street	sland Road t Address (P.O. Box <u>NOT</u> ACCEPTABLE)	PMI2: 2	
	Plantstion	FL 33324 City/State/Zip	REAL STATE OF THE PARTY OF	
liability compa agent and agre relating to the	my at the place designated to act in this capacity. I proper and complete perfo	and to accept service of process for the abo I in this certificate, I hereby accept the app I further agree to comply with the provision formance of my duties, and I am familiar wi agent as provided for in Chapter 608, Flor	pointment as registered ons of all statutes ith and accept the	

Diane Stout, Asst. Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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# 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 NSHP, LLC, an Ohio Limited Liability Company, Registration Number 1618713, was organized within the State of Ohio on April 26, 2006, 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 14th day of February, A.D. 2008

**Ohio Secretary of State** 

Validation Number: V200843FDB3C5