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SECRETARY OF STATE DIVISION OF CORPORATIONS

08 FEB 27 PN 2-02

J. BRYAN

FEB 2 8 2008

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: BRIAN A. COLE & ASSOCIATION (Name of Limite	ed Liability Company)
	lity Company for Authorization to Transact Business in mitted to register the above referenced foreign limited
Please return all correspondence concerning this mat	ter to the following:
NORMAN E. I.	- Neta
(Name	e of Person)
Norman E. I	CACZE Co., LPA /Company)
(Firm	/Company)
13001 AT	## 100 A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(A	Address)
LAKENDOD	, 014 44107 STATE
(City/State	e and Zip Code)
For further information concerning this matter, pleas	e call:
Norman E - Inczé (Name of Person)	at (216) 210 · 9501 (Area Code & Daytime Telephone Number)
	STREET ADDRESS:
	Division of Corporations
	Clifton Building
	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum_\$125.00 \text{ Filing Fee} \sum_\$130.00 \text{ Filing Fee & Certificate of States.}	\$155.00 Filing Fee & \$\sum \\$160.00 Filing Fee, Certificate atus 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: RETAN A. COLE & HSSOCIATES, LTD. Liability Company
(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.") 3. 34-194/6/8 (FFI number, if applicable) OHTO ..
(Jurisdiction under the law of which foreign limited liability November 27, 2000 (Date of Organization) 2050 (Duration: Year limited liability company will cease to (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 13001 ATHENS AVE. # 250 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: BRIAN A COLE 13001 ATMANS AVE. #250 LAKROOD, OF 44107 SOLE MANAGER & SOLE MANAGING MAMBER 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 oath of the translator must be submitted.) MORTERGE BEDKER 11. Nature of business or purposes to be conducted or promoted in Florida: 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.

1. The name of the Limited Liability Company is:	
BRIAN A. COLE & ASSOCIATES, LTO. Liability Co	om pany
If name unavailable, the alternate name to be used in the state of Florida is:	·
2. The name and the Florida street address of the registered agent and office are:	180. Bend
Norman E. INCZE (Name)	B 2 9 9 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
1	7 82
868 106th Ave. N	STATE OF A
Florida Street Address (P.O. Box NOT ACCEPTABLE)	NA SE
NAPLES FL 34108	
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.

They (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 BRIAN A. COLE & ASSOCIATES, LTD., an Ohio Limited Liability Company, Registration Number 1194019, was organized within the State of Ohio on November 27, 2000, is currently in FULL FORCE AND EFFECT upon the records of this office.

SECRETARY OF STATE DIVISION OF CORPORATIONS



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Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 26th day of February, A.D. 2008

Ohio Secretary of State

Validation Number: V200855F4066E