M0800005159

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400137171334

11/03/08--01067--008 **125.00

08 NOV 25 AM 9: 44 SECRETARY OF STATE

N. G. W. ... MOV O - COCC

COVER LETTER

Division of Corporations . KENN	s BRAY, LLC
SUBULCI:	of Limited Liability Company)
	ted Liability Company for Authorization to Transact Business in are submitted to register the above referenced foreign limited rida
Please return all correspondence concerning	this matter to the following:
DAVID	B. KEXONS, EZQ (Name of Person)
	(Name of Person)
KE	ALNS BRAY, UC
	(Firm/Company)
MA W DOOTA	IE TRAIL EXT. , SUITE 105
170 00. 100.110	(Address)
CUYAHOGI	9 FAUS, OHIO 44223
((City/State and Zip Code)
For further information concerning this matt	er, please call:
DAVIO B. KENNS (Name of Person)	(Area Code & Daytime Telephone Number)
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 amoun \$125.00 Filing Fee \$130.00 Filing Certifi	t:



November 17, 2008

DAVID B. KEARNS, ESQ. 198 W. PORTAGE TRAIL EXT. SUITE 105 CUYAHOGA FALLS, OH 44223

SUBJECT: KEARNS BRAY, LLC Ref. Number: W08000050342

We have received your document for KEARNS BRAY, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6067.

Letter Number: 008A00056144

Neysa Culligan Document Specialist

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

IMILE	APLIANCE WIT DLIABILITYCC	DMPANYTO	TRANSACT	BUSINESS IN	THE STA	HE FOLLOWIN TEOF FLORIDA			O NEXISI	ER A FO	OREIGN
l .				RAY, L							
(Name of Foreig	gn Limited	Liability Co	mpany; must	include "	Limited Liabilit	y Company	'," "L.L.C.	," or "LLC	C.")	•
onsent	of the manager	rs or manag				transacting bus name. The alte					
_	ny," "L.L.C.," " ••••••••••••••••••••••••••••••••••••	'LLC.")				26.3	2235	607	L		
2. (Juris	diction under t	he law of w	hich foreign	limited liabi	3		El number,				
comp	any is organize	. 9 . 7 <i>1</i>	an A		_	De	RPET	ML			
٠	(Date	of Organiz	ation)		5	(Duration: Year exist or "perpet	limited lial		pany will c	ease to	
j							·		SEC	NON 80	T]
	_	(Date (See see	first transactions 608.50	ted business 01 & 608.50	in Florida, 2 F.S. to d	, if prior to regis etermine penalt	stration.) y liability)		主所	N 2	Contraction of the last of the
'	198 h	1. POR	TAKE	TRAIL	EXT.	SUITE	105		355	ري عو	
	CUY	4HOCA	FALL	5. OH	4	14223)		-44	بو	Parameter St.
				(Street Ad	dress of Pr	incipal Office)			30.5	} +=	•
						,			س (س	ri O'	
. If li	mited liabilit	ty compar	ıv is a mar	nager-mana	aged con	•	here \square		O.A.	ri Oi	
				•		npany, check			Q.	ri Di	
. The	name and us	sual busin	ess addres	sses of the	managin	npany, check	r manage			ri Ot	
. The	name and us	sual busin	ess addres	sses of the	managin	npany, check	r manage			, O.	
. The	name and us	sual busin	ess addres	sses of the	managin	npany, check	r manage			MAY,	Suifb
. The	name and us	sual busin	ess addres	sses of the	managin	npany, check	r manage			MAY, 341	Suite 09
. The	DAYID CHRISTOF	sual busin B. Ke OHEL	ess addres	sses of the 560	Managin → A001	npany, check g members o 233 AT 8970 FO NAPLES,	r manager	More 4 Ozl Fu	: .SOL U skiga		
. The	PAYID CHRISTOP Ched is an origin	sual busin B. Ke OHER nal certificate	ess addres	sses of the	managin → A001	npany, check g members of 233 AT 8970 FO NAPLES, old, duly authent	r manager	MOVE FU FU	SOL U	xdy of rec	
O. Atta	PAYID CHRISTOP Ched is an origin	sual busin B. Ke OHEL nal certificate e law of whi	ARNS, (P. BRA cofexistence chit is organi	sses of the	managin A000	npany, check g members o 233 AT 8970 FO NAPLES, old, duly authent ot acceptable. If	r manager	Move Fue eofficial hate is in a fo	SOL V SALOA aving custo preign lang	ody of rec uage, a	
O. Atta	CHRISTON Ched is an origination of the certific	sual busin B. Ke OHEL nal certificate e law of white atte under car	P. BRA	sses of the 4, ESO, and more that ized. (A phossistator must be	managin A001 n 90 days of tocopy is not esubmitted	npany, check g members o 233 AT 8970 FO NAPLES, old, duly authent ot acceptable. If	r manager	Move Fue eofficial hate is in a fo	SOL V SALOA aving custo preign lang	ody of rec uage, a	
0. Atta	CHRISTON Ched is an origination of the certific	sual busin B. Ke OHEL nal certificate e law of white atte under car	P. BRA	sses of the 4, ESO, and more that ized. (A phossistator must be	managin A001 n 90 days of tocopy is not esubmitted	npany, check g members o 233 AT 8970 FO NAPLES, old, duly authent ot acceptable. If	r manager	Move Fue eofficial hate is in a fo	SOL U	ody of rec uage, a	
0. Atta	CHRISTON Ched is an origination of the certific	sual busin B. Ke OHEL nal certificate e law of white atte under car	P. BRA	sses of the 4, ESO, and more that ized. (A phossistator must be	managin A001 n 90 days of tocopy is not esubmitted	npany, check g members o 233 AT 8970 FO NAPLES, old, duly authent ot acceptable. If	r manager	Move Fue eofficial hate is in a fo	SOL V SALOA aving custo preign lang	ody of rec uage, a	
0. Atta	CHRISTON Ched is an origination of the certific	sual busing. Ke OHEL nal certificate elaw of white the under oat the ness or pu	e of existence chit is organith of the trans	sses of the GO , T , ESO , no more that ized. (A phostator must be be conducted.)	managin A000 n 90 days of tocopy is not esubmitted ar pro	npany, check g members o 2635 AT 8970 FO NAPLES, old, duly authent ot acceptable. If	r manager ON TOW icated by the the certificate rida:	Move Fue eofficial hate is in a fo	SOL U SALOA aving custo preign lang	ody of rec uage, a	
0. Atta	CHRISTON Ched is an origination of the certific	sual busin B. Ke PHEL nal certificate e law of white the under on ness or pu Signat (In according to the content of the co	e of existence chit is organith of the transposes to bure of a medance with se	no more that ized. (A photostator must be conducted.)	managin A000 n 90 days of tocopy is not esubmitted authoritied (3), F.S., th	pany, check g members o 2635 AT 8970 FO NAPLES, old, duly authent ot acceptable. If L) moted in Flo ized represent e execution of thi	icated by the trida:	Move Fue e official hate is in a formal LAW	SOL U SALOA aving custo preign lang	ody of rec uage, a	
0. Atta	CHRISTON Ched is an origination of the certific	sual busin B. Ke PHEL nal certificate e law of white the under on ness or pu Signat (In accordan affirm	e of existence chit is organith of the transposes to bure of a medance with senation under the senation unde	no more that ized. (A photostator must be conducted.)	managin A000 n 90 days of tocopy is not esubmitted authoritied (3), F.S., th	ppany, check g members o 2635 AT 8970 FO NAPLES, old, duly authent ot acceptable. If L) moted in Flo	icated by the trida:	Move Fue e official hate is in a formal LAW	SOL U SALOA aving custo preign lang	ody of rec uage, a	

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: KENNS BLM, UL		_
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: CHRISTOPHEL P. BRAY, ESQ. (Name) 6970 FONTANA DEL SOL WAY, SUITE Florida Street Address (P.O. Box NOT ACCEPTABLE)	SECRETARY OF STATE FLORIDA	The second secon
NAPLES FL 34109 City/State/Zip		
ony, omittalp		

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 KEARNS BRAY, LLC, an Ohio For Profit Limited Liability Company, Registration Number 1804421, was organized within the State of Ohio on September 04, 2008, 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 21st day of November, A.D. 2008

Ohio Secretary of State

Validation Number: V2008325N04D70