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(F	Requestor's Name)	
(<i>f</i>	Address)	
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COVER LETTER

JBJECT: _	GBNP, LLC			
		Name of Limited Liability Company		
		Liability Company for Authorization to Transact Busines above referenced foreign limited liability company to the company to t		
ease return a	all correspondence concerning this	matter to the following:		
	Kathleen W. Kolodgy			
		Name of Person		
	Maloney, McHugh & Kolodgy	, Ltd.		
		Firm/Company		
	20 N. Saint Clair Street			
		Address		
	Toledo, Ohio 43604			
	···	City/State and Zip Code		
	kkolodgy@mmklaw.nct			en Ga
	; E-mail addres	ss: (to be used for future annual report notification)		5
or further info	ormation concerning this matter, p	please call:	υ), εγ	180 IZ
Kath	leen W. Kolodgy	419 241-5175 at ()	<u>.</u>	ment to the second seco
	Name of Person	Area Code & Daytime Telephone Number	777	
	LING ADDRESS:	STREET ADDRESS:		
	ion of Corporations	Division of Corporations		
_	tration Section	Registration Section		
	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Center Circle		
i aiiai		Tallahassee, FL 32301		
		1 41141143566, 1 13 32501		

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

f name unavailable, enter alternate name adoptonsent of the managers or managing members company," "L.L.C," "LLC.")					
Ohio	3	20-8953064			
(Jurisdiction under the law of which foreign company is organized)	limited liability	(FEI n	umber, if applica	ole)	
4/25/2007	5.	perpetual			
(Date of Organization)		(Duration: Year linexist or "perpetual	nited liability con")	ipany will	cease to
August 26, 2008					
(Date first transact	ed business in Flori 01 & 608.502 F.S. t	ida, if prior to registra o determine penalty li	tion.) ability)		
1787 Indian Wood Circle,	Ste. B, Ma	umee, OH 43	537	Z.	
· · · · · · · · · · · · · · · · · · ·				24.24 24.24	.7/
	(Street Address o	f Principal Office)		134 177 170 170	10
If limited liability company is a man	ager-managed c	ompany, check he	re 🗌	1	
The name and usual business addres	ass of the mone	vina mambara ar r	nonagare ara as	follows	
George Stanley, 1787 Inc	nan vvood (Jircie, Ste. B	, iviaumee,	UH 4	3537
Aughodio original and Casta Contract	do 00 d	lans ald duly and austic	atad butha afficial		untark rad
 Attached is an original certificate of existence e jurisdiction under the law of which it is organ 					
nslation of the certificate under oath of the trans. Nature of business or purposes to be					
			, Heath (:are	

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

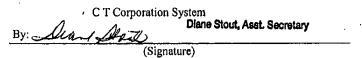
George Stanley, Manager

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.

If unavailable	e, the alternate to be used	in the state of Florida is:	
2. The name	and the Florida street add	dress of the registered agent and office are:	, m. >
		C T Corporation System	
		(Name)	
		1200 South Pine Island Road	7.35°C
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		#* ** , ***; **
	1		###
	Plantation	FL 33324	-'

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.



\$ 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, Jon Husted, 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 GBNP, LLC, an Ohio Limited Liability Company, Registration Number 1696070, was organized within the State of Ohio on April 25, 2007, is currently in FULL FORCE AND. EFFECT upon the records of this office.

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Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 8th day of October, A.D. 2013.



Ohio Secretary of State

Validation Number: 201328101089