Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000043048 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

RE-SUBMIT

From:

Account Name : C T CORPORATION

Account Number: FCA000000023

Phone : (850)222-1092 Fax Number : (850)878-5368 date of submission 2/21

Please relain original filing

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company ARHAUS, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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SUBJECT:	Arhaus, LLC				
		Name of Limited	Liability Company		-
				to Transact Business in Florida lability company to transact bus	
Please return	all correspondence concerning	this matter to the	following:		
	Sonia K. Lowe, Paralegal				
		No	me of Person		-
	Baker & Hostetler LLP				_
		Pi	ть/Соправу		
	65 E. State Street, Suite 2	100		··	_
			Address		
	Columbus, Ohio 43215				-
		City/St	tate and Zip Code		
	cstanck@bakerlaw.com	address (to be use	for hiture annual repor	t noti(ication)	
For further in	formation concerning this ma	•	. 40, maile artrend (abot		
- 00 34111-0112					
Chr	istopher Stanek		_ at (216)	86-7875 Daytime Telephone Number	
	Name of Contact	Person	Area Code	Daytime Telephone Number	
	DING ADDRESS:		T ADDRESS:		
	ision of Corporations	Division	n of Corporations		
	istration Section . Box 6327		ation Section Building		
	ahassec, FL 32314		xocutive Center Circle	•	
	unasco, 1 2 3 2 3 1 4		ssec, FL 32301	•	
Enclosed is	s a check for the followin				
		0.00 Filing Pec & ificate of Status	☐ \$155.00 Filing I Certified Copy	ec & 🔲 \$160.00 Filing Fee, of Status & Certific	

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February 24, 2014

FLORIDA DEPARTMENT OF STATE
Division of Comorations

CT CORPORATION SYSTEM

SUBJECT: AREAUS, LLC REF: W14000011680

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II FAX Aud. #: H14000043048 Letter Number: 114A00004012

RECEIVED
14 FEB 24 PM 4: 37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RE-SUBMIT

Visite of submission about

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

TO STATE OF THE ST

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Achaus, LLC (Name of Poreign Limited Cability Company: must i	include "Limited Liability Company," "L.L.C.," or "LLC.")	-
(in the second	maintain summing company, special and special	
f name unavailable, enter alternate name adopted for the purpose ability Company," "L.L.C," or "LLC.")	of transacting business in Florida. The alternate name must include "Lim	nited
Delaware	3. 34-1185757	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	•
2/21/2014	, Þ	
(Date first transacted business	ss in Florida, if prior to registration.)	<u>.</u>
(See sections 605.0904 & 605.0	1905, P.S. to defermins penalty liability)	יי דון (
7700 Northfield Road, Walton Hills, Ohio 44146		֖֡֞֝֟֝֡֟֝֝ ֡
	AR SS	<u> </u>
(Street Add	dress of Principal Office)	 De 3
7700 Northfield Road, Walton Hills, Ohio 44146		R.
	ORIG	3
<u> </u>	Adilling Address)	_
ohn P. Reed, Manager 700 Northfield Read	person(s) who has/have authority to manage is/are:	-
Valton Hills, Ohio 44146		-
saving custody of records in the jurisdiction under acceptable. If the certificate is in a foreign language nust be submitted) Signature in accordance with section 605.0203, F.S., the execution of his document in a ware that any false information submitted in a document to the Depart	on more than 90 days old, duly authenticated by the off the law of which it is organized. (A photocopy is not ge, a translation of the certificate under oath of the translation of the certificate under oath of the translation of an authorized person at constitutes of affirmation under the penalties of perjusy that the facts stated here translated of State constitutes a third degree fellows as provided for in s.\$17.155, P.S.)	slator
ender/ total	ed Person	
Typed or pri	inted name of signed	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

CONTROL OF A DESCRIPTION OF THE PROPERTY OF TH

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:	
Arhaus, LLC			
If unavailable	, 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:	14 f
	C T Corporation System	(Name)	14 FEB 21 SECRETAR SELAHASS
	1200 South Pine Island R		
	Plantation	FL 33324	M 8: 13 F STATE FLORIDA
		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 605, Florida Statutes.

By: CT Corporation System Conice Buyan	Connie Brysla
(Signature)	Registered Constitution

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

Delaware

DA/27

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARRAUS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF DECEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARHAUS, LLC"
WAS FORMED ON THE NINETEENTH DAY OF DECEMBER, A.D. 2013.

14 FEB 21 AH 8: 13
SECRETARY OF STATE
TALL AHASSEE ELSAIS

5452794 8300

131451855

DATE: 12-19-13

verify this certificate online