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B. BOSTICK
FEB 25 2014
FXAMINER

COVER LETTER

SUBJECT:	Schoolhouse Out					
_		Name of Lin	nited Liability C	ompany		
		reign Limited Liability Con od to register the above refe				
Please return a	il correspondence	concerning this matter to the	e following:			
	Janet Welling					
		N	ame of Person			_
	Graydon Head	i & Ritchey LLP				
		F	irm/Company			_
	511 Wainut St	reet, Sulte 1900				
		•**	Address			_
	Cincinnati, OH	45202				
		City/S	tate and Zip Cod	le		_
	jwelling@grayo					
		E-mail address: (to be use	for future annu	al report notificat	on)	-
For further info	rmation concernin	g this matter, please call:				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Janet	Welling		at (, 629-2747		
	Name	of Person	Arca Coo	ic Daytime To	elephone Number	
MAIL	ING ADDRESS: on of Corporations	STRE!	ET ADDRESS: on of Corporation			>
	ration Section		ation Section	10		7.75
P.O. B	lox 6327	Clifton	Building			lui.
Tallah	assec, FL 32314		xecutive Center assee, FL 32301	Circle		نڌ ' ٠
Enclosed is a	check for the t	following amount:				
	5.00 Filing Pcc	□\$130.00 Filing Fee &	□ \$155.00 F	1010A D	\$160.00 Filing Fee,	0-46-4

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

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:

1. Schoolhouse Outfitters, 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 at consent of the managers or managing members adopting the alternate name. The alternate name must in Company," "L.L.C," "LLC.")	
2. Kentucky 3. 61-1341943	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applications or a superior company is organized)	icable)
4. Upon registration	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 3736 Regent Avenue	
Cincinnati, OH 45212	n j
(Street Address of Principal Office)	()
6. 3736 Regent Avenue	
Cincinnati, OH 45212	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to	manage is/áre: ===
Thomas A. Brennan, Jr., Manager, 3736 Regent Avenue, Cincinnati, OH 45212	i ii
Thomas J. Green, Manager, 3736 Regent Avenue, Cincinnati, OH 45212	
Thomas F. Wallace, Manager, 3736 Regent Avenue, Cincinnati, OH 45212	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the officing the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate translation of the certificate under outh of the translation must be submitted.)	
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirm	nation under the
penalties of perjury that the facts stated herein are true. I am aware that any false informatic document to the Department of State constitutes a third degree felony as provided for	on submitted in a
Thomas A. Brennan, Jr., President	

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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.

If unavailable	, the alternate to be used :	in the state of Florida is:	
2. The name	and the Florida street add	ress of the registered agent and office are:	
	Corporation Service Cor	трапу	FNB 200
		(Name)	
·	1201 Hays Street		
	Florida Stre	et Address (P.O. Box NOT ACCEPTABLE)	; ;>
	Tallahassee	RE 32301	
		City/State/Zlp	نت ۱۰۰۰

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.

Corporation Service Co	трвау	1	Suare	
Ву:	prome	<u> </u>		
	(Signature) Jerome L. S	uarez, A	Assistant Secretary	

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

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 147851

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

SCHOOLHOUSE OUTFITTERS, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is December 10, 1998 and whose period of duration is December, 31, 2025.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 13th day of February, 2014, in the 222nd year of the Commonwealth.

CONTRACTOR OF THE PARTY OF THE

Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

147851/0465355