Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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 **MOBILE HIGHWAY 4500, LLC**

| Certificate of Status | 0 |
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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|---------|--|---|--|---|---|
| SUBJE | CT: Mobile Highway 4500, L | ,LC | | | |
| | | Name of Limite | d Liability Company | | |
| | closed "Application by Foreign co, and check are submitted to | | | | |
| Please | return all correspondence conce | rning this matter to the | following: | | |
| | Carol Norz | | | | |
| | | . и | ame of Person | | |
| | Mobile Highway 450 | 0, LLC | | | |
| | | F | тт/Согорану | | |
| | 680 Sunbury Rd. | | | | _ |
| | | | Address | | |
| | Delaware, OH 43015 | ī | | | |
| | | City/S | tate and Zip Code | | 20 - 93 |
| | cnorz@americanfrelg | htus | | | 2014 MAR SECUE |
| | 1 | -mail address: (to be use | for future annual report | notification) | |
| For fur | ther information concerning this | matter, please call: | | | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| | Carol Norz | | 740 | /7 4000 | 1 1 |
| | Name of Cor | that Person | at (| 63-2222 Daytime Telephone Number | ## 9-57 |
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| | MAILING ADDRESS: | | TADDRESS: | | 57 |
| | | | n of Corporations ation Section | | · - |
| | P.O. Box 6327 | Mr | Building | | |
| | Tallahasses, FL 32314 | | xecutive Center Circle ssee, FL 32301 | | |
| Enclos | sed is a check for the follo | wing amount: | | | |
| | □ \$125.00 Filing Fee □ ! | 130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fe Certified Copy | e & 🔲 \$160.00 Filing Fee, of Status & Certifi | |

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:

| [Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine panalty liability) 5. 680 Sumbury Rd. Delaware, OH 43013 (Street Address of Frincipal Office) 6. 680 Sumbury Rd. Delaware, OH 43015 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Steve Belford , Member | (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alter Liability Company," "L.L.C," or "LLC.") | |
|--|--|-----------------------------------|
| (Date linst transacted business in Florida, If prior to registration.) (See sections 605.0904 & 605.0905, P.S. to determine penalty liability) 680 Sumbury Rd. Delaware, OH 43015 (Street Address of Frincipal Office) (Meiling Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Stave Belford Member | (Jurisdiction under the law of which foreign limited liability (FEI number, if | ápplicable) |
| (See sections 605.0904 & 605.0905, P.S. to determine penalty liability) 5. 680 Sumbury Rd. Delaware, OH 43015 (Street Address of Principal Office) Compared to the person (s) who has/have authority to manage is/are: Stave Belford . Member | company is organized; | |
| Delaware, OH 43015 (Street Address of Principal Office) Delaware, OH 43015 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Steve Belford , Member | | |
| (Street Address of Principal Office) 680 Sunbury Rd. Delaware, OH 43015 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Steve Belford . Member | 680 Sumbury Rd. | ···- <u>-</u> |
| Delaware, OH 43015 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Stave Belford . Member | Delaware, OH 43015 | |
| Delaware, OH 43015 (Meiling Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Steve Belford / Member | • | 70 |
| Delaware, OH 43015 (Meiling Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Steve Belford . Member | 5, oou aunoury ka. | |
| 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: | | |
| Steve Belford , Member | 7. The name, title or capacity and address of the person(s) who has/have authority | *** |
| Control of the contro | And the second s | 1 (c) 46 |
| 680 Sunbury Rd. | GWY DUINGS , | ु प |
| | 680 Sunbury Rd. | |
| Delaware, OH 43015 | Delaware, OH 43015 | |
| <i>UP ESTATION IL 15 DI LIPPO</i> EDE | שישון או אין | |
| - Joseph District | (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties o | |
| Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjusy that the facts stated herein are aware that any false information submitted in a document to the Department of State constitutes a third degree Ritory as provided for in s.817.155, F.S.) | are aware that any false information submitted in a document to the Department of State constitutes a third degree fatony a | provided for in \$.817.130, F.S.) |
| (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein | | provided for in \$.867.133, F.S.) |

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.

| Mobile Highway 4 | 500, LLC | | |
|--------------------|---|---|-----------------|
| lf unavailable, ti | ne alternate to be used | in the state of Florida is: | |
| 2. The name and | d the Florida street add | dress of the registered agent and office are: | |
| | C T Corporation System | | 2014 MAR |
| | | (Name) | 3 |
| | 1200 South Pine Island R | oad | 15. July 2000 1 |
| | Florida Str | net Address (P.O. Box NOT ACCEPTABLE) | PO P |
| | * Iu*********************************** | | |
| | Plantation | FL 33324 | 9.5 |

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: | prporation System | une Buran | Coonie Bryon |
|-----|-----------------------|---------------------------------|-----------------------------------|
| | (Sign | ature) 0 | Assistant Secretary |
| | \$ 100.00 \$ 25.00 | Filing Fee for Designation o | Application f Registered Agent |
| | \$ 30.00 | Certified Cop | |

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 MOBILE HIGHWAY 4500, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2255251, was organized within the State of Ohio on December 20, 2013, 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 3rd day of March, A.D. 2014.

Ohio Secretary of State

Jon Husted

Validation Number: 201406202316