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TO:	Registration Section	n					
	Division of Corpor	rations					
		Conn	(IGHT LLC			
SUBJE	CT:		· · · ·				
		Na	me of Lim	ited Liability Comp	any		
						nsact Business in Florida," Ce company to transact business	
Please 1	return all correspond	ence concerning this m	atter to the	following:			
			TOM	NICHOUSON			
			Na	me of Person			
		!	STRUCT	URE SIGHT	166		
			Fir	m/Company			
			P.o. B.	x 751471			
				Address			
		D	AYTON	, OH 4547 ate and Zip Code	5		
			City/St	ate and Zip Code			
		tn	icholso	on a pretekt	froup.	com	
		E-mail address:	(to be used	for future annual	eport notif	ication)	
For furt	ther information con	cerning this matter, plea	ase call:				
	SARAH	NICHOUSON		_at (937	, 40	1.2461	
	1	Name of Person	Area	Code & Daytime	relephone -	Number	
	MAILING ADDE	RESS:	STREE	ET ADDRESS:			
	Division of Corpor	rations		n of Corporations			
	Registration Section	on		ation Section			
	P.O. Box 6327	214		Building xecutive Center Cire	ala		
	Tallahassee, FL 32	J14		ssee, FL 32301	CIC		
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LICIO	\$125.00 Filing			□ \$155.00 Filing	g Fee &	□ \$160.00 Filing Fee, Certi	ficate
	- 4	Certificate o		Certified Cop		of Status & Certified Co	

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

	GN LIMITED LIABILITY COMPAN L	FALLETING CIC	T 110	
1	(Name of Foreign Limited Liability)	Company; must include "Limi	ted Liability Company," "L.L.C.," or "LLC.")	
(If name that Liability (unavailable, enter alternate name adopted Company," "L.L.C." or "LLC.")	for the purpose of transacting	business in Florida. The alternate name must include "Lim	sited
2.	OHIO	3	26-4179459 (FEI number, if applicable)	
(Jurisd comp	OHIO iction under the law of which foreign lim any is organized)	ited liability	(FEI number, if applicable)	•
4				
	(Date first transfer (See sections 60	ansacted business in Florida, i 05.0904 & 605.0905, F.S. to d	f prior to registration.) etermine penalty liability)	•
5				
	1930 N. LAKEMAN DR BELLBROOK, OH 4-53	305		
	0 1	(Street Address of Princ	pal Office)	•
6	P.O. BOX 751471			
	P.O. BOX 751471 DAYTON, OH. 45473	5	<u>.</u>	
	,	(Mailing Addre	55)	
			who has/have authority to manage is/are:	
TOM	NICHOLSON PARTUEL -	5661 OVERRADOLA	RO., KETTERING, OH 45440	
<u> </u>	V 2	2551 C CORDATOR	2	
UEF	F YON HANDORF, PARTNER	2- 9840 HAINE	S RO. WAYNES VILLE, OH 45068	
			,	
	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
having accepta	custody of records in the jurisd	iction under the law of	an 90 days old, duly authenticated by the offiction which it is organized. (A photocopy is not ation of the certificate under oath of the trans	
		4		
		76 KI		
(In accorda am aware ti	nce with section 605.0203, F.S., the execution hat any false information submitted in a docum	Signature of an author of this document constitutes an ament to the Department of State of	rized person iffirmation under the penalties of perjury that the facts stated herei enstitutes a third degree felony as provided for in s.817.155, F.S.)	n are tru e . l
		TOM NICHOUSON		
	7	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.

1. The name of the Limited Liability Company is:
STRUCTURE SIGHT LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
/NCORP SERVICES /NC.
17888 67TH COUPT NORTH
Florida Street Address (P.O. Box NOT ACCEPTABLE) LOXAHATCHEE FL 33470
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.

(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, 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 STRUCTURE SIGHT LLC, an Ohio For Profit Limited Liability Company, Registration Number 1832306, was organized within the State of Ohio on January 26, 2009, 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 25th day of February, A.D. 2014.

Ohio Secretary of State

for Hustel

Validation Number: 201405600845