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COVER LETTER

	ition Section of Corporations	
SUBJECT: Er	ndevis, LLC	
	Name of Limited Liability Company	
	pplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificat eck are submitted to register the above referenced foreign limited liability company to transact business in Florida.	
Please return all co	correspondence concerning this matter to the following:	
יו	Mark Melfi	
	Name of Person	
E	Endevis, LLC	
	Firm/Company	
7	7643 King's Pointe Road; Suite 100	
•	Address	
_	Toledo, Ohio 43617	
_	City/State and Zip Code	
N	MMelfi@Endevis.com	
	E-mail address: (to be used for future annual report notification)	
For further informa	nation concerning this matter, please call:	
Marl	'k Melfi 419 482-4848	
	Name of Contact Person Area Code Daytime Telephone Number	
Division of Registration P.O. Box	NG ADDRESS: of Corporations tion Section x 6327 See, FL 32314 See, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	check for the following amount: 00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy	

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: Endevis, 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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Ohio (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) 01/01/2014 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 7643 King's Pointe Road; Suite 100 Toledo, Ohio 43617 (Street Address of Principal Office) 7643 King's Pointe Road; Suite 100 Toledo, Ohio 43617 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Mark Melfi; Senior Managing Partner 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photoeopytis not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

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.)

Mark Melfi

Typed or printed name of signee

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 perjury that the facts stated herein are true. I

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 o	f the Limited Liability Com	npany is:			
If unavailable,	the alternate to be used in the	he state of Florida is:			
2. The name a	nd the Florida street address	s of the registered agent and office are:			_
	Richard Walter	' S			
		(Name)			
	6254 Trieda Dr	r			
	Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)	ALL/	Ţ.	
	Melbourne	FL 32940	新 第 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	NY 27	31 °
		City/State/Zip		7	e estado Pero e
liability compa registered agen statutes relating	ny at the place designated in at and agree to act in this cap g to the proper and complete gations of my position as reg	d to accept service of process for the above this certificate, I hereby accept the appoint pacity. I further agree to comply with the experience of my duties, and I am family stered agent as provided for in Chapter (Chapter agent)	intment a provision iliar with	ns of a and	

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional)

\$ 5.00

\$ 25.00 Designation of Registered Agent

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 ENDEVIS, L.L.C., an Ohio Limited Liability Company, Registration Number 1190791, was organized within the State of Ohio on October 30, 2000, 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 20th day of May, A.D. 2014.

Ohio Secretary of State

n Hostel

Validation Number: 201414000601