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SECRETARY OF STATE

T. BUTON DESIGNATION

#### COVER LETTER

	ration Section on of Corporations				
SUBJECT: _	CROOP FAMI			Andrew State Control of the Control	
		Name of Limi	ited Liability Company	•	•
The enclosed "A Existence, and o	Application by Foreign Litheck are submitted to reg	mited Liability Con ister the above refe	mpany for Authorizatio erenced foreign limited	on to Transact Business in l liability company to trans	Florida," Certificate of act business in Florida.
Please return all	correspondence concerni	ing this matter to th	ne following:		
	Cindy G. No	wland			
			Name of Person		
	Kessler & B				
			Firm/Company		•
				•	
	7650 Rivers	Edge Drive		<del></del>	
			Address		·
	Columbus, OH	43235			
			State and Zip Code	<del></del> .	.,
	_				
	CNOWLAND@KB-		ed for future annual repor	d notification)	
•			ca for fattire amidal repor	r nonneadon)	
For further infor	mation concerning this m	atter, please call:			
Cin	dy G. Nowland Name of Contac	4 D	at (_614)_	888-3185  Daytime Telephone Num	-1
	Name of Confac	t Person	Area Code	Daytime Telephone Nun	noer
	NG ADDRESS:		ET ADDRESS:		•
	n of Corporations		on of Corporations		
	ation Section ox 6327		ration Section Building		
	ssee, FL 32314		Executive Center Circle	•	
	,		assee, FL 32301		
Enclosed is a	check for the followi	na amount			
	5.00 Filing Fee 🛮 🗷 \$13	0.00 Filing Fee & tificate of Status	☐ \$155.00 Filing F Certified Copy	Fee & \$\Bigcup \$160.00 Filing of Status & Co	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 10, 2014

CINDY G. NOWLAND 7650 RIVERS EDGE DRIVE COLUMBUS, OH 43235.

SUBJECT: CROOP FAMILY LLC Ref. Number: W14000073566

12/9/10 & enclosed.

Moutand

We have received your document for CROOP FAMILY LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tim Burch Regulatory Specialist II

Letter Number: 014A00026074

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### 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	CROOP FAMILY LLC	
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company)	ty Company," "L.L.C.," or "I.LC.")
(If na	name unavailable, enter alternate name adopted for the purpose of transacting business in polity Company," "L.L.C," or "LLC.")	n Florida. The alternate name must include "Limited
2.	State of Ohio 3.	
	urisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4		_
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine p	egistration.) enalty liability)
5	1734 West First Avenue	<u> </u>
-	Columbus, OH 43212 (Street Address of Principal Office)	Tri C
	(intervalues of tritelial Caree)	SS 29
6	1734 West First Avenue	
_	Columbus, OH 43212	
	(Mailing Address)	<b>3</b> 表資
7.	The name, dille or capacity and address of the person(s) who has/	have authority to manage is/are:
		, , , , , , , , , , , , , , , , , , , ,
	Lori C. Kingston , Manager and President	
	179/ Yang Birah Arr	
	1734 West First Avenue	
	Columbus OH /2212	
	Columbus, OH 43212	
R A	Attached is an original certificate of existence, no more than 90 da	vs old duly outhenticated by the official
	ing custody of records in the jurisdiction under the law of which i	
	eptable. If the certificate is in a foreign language, a translation of t	
	st be submitted)	and determinate united buttle of the translated
	Loui Clientin	<u> </u>
	Signature of an authorized per	rson
In acc m aw	cordance with section 605 0203, F.S., the execution of this document constitutes an affirmation users that any false information submitted in a document to the Department of State constitutes a tile.	inder the penalties of perjury that the facts stated herein are true 1 hird degree felony as provided for in s 817.155, F.S.)
	Lori C. Kingston	
	Typed or printed name of signed	e

## 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:			
CROOP FAMILY LLC			
If unavailable, the alternate to be used in the state of Florida is:			
<u>.</u>	<u>-</u>		
2. The name and the Florida street address of the registered agent and office are:	TALLA	1'4 OE	AL SECTION
Ethan T. Croop	<del></del> <del></del> <del></del>	0EC 29	्रोग्य-सम्बद्धाः स्ट्राप्तिकारम्
(Name)	10 × 10 × 10 × 10 × 10 × 10 × 10 × 10 ×	õ	,9 <b>023.</b> 2
2618 S.W. Santa Barbara Place	0F-51	h Hd	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	F STATE	(ກາ ະຖ	
Cape Coral FL 33914			
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 CROOP FAMILY LLC, an Ohio Not for Profit Limited Liability Company, Registration No. 2333935, was organized within the State of Ohio on October 09, 2014, is currently in FULL FORCE AND EFFECT upon the records of this office.

14 DEC 29 PH 4: LO
SECRETARY OF STATE



Validation Number: 201432300352

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 19th day of November, A.D. 2014.

Jon Hostel

Ohio Secretary of State