## M15000662895

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            |             |
| (Ad                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | isiness Entity Nan | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |





700271087227

04/02/15--01026--022 \*\*125.00



#### **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

### Steiner Real Estate Services, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

| Please return all correspondence conce   | erning this matter to the                                      | following:   |                   |   |
|--|--|--|-------------------|---|
| Sonia Arc  | ora  |  |                   |   |
|  | N  | ame of Person  |                   |   |
| Steiner R  | eal Estate   | Services,  | LLC               |   |
|  | Fi   | rm/Company   |                   |   |
| 4016 Tow   | nsfair Way   | /, Suite 20  | <b>01</b>         |   |
| <del></del>  |  | Address  |                   | <del> </del>  |
| Columbus   | s, OH 4321   | 19   |                   |   |
|  | City/S   | tate and Zip Code  |                   |   |
|  | teiner.com   |  | ort notification) |   |
| For further information concerning this  |  | . w muc manus repe   |                   |   |
| Sonia Arora  |  | at ( <u>614</u> )  | 416-8             | 259   |
| Name of Co   | ntact Person   | Area Code  | Daytime '         | Telephone Number  |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | Divisio<br>Registra<br>Clifton<br>2661 E:                      | or ADDRESS:  n of Corporations ation Section Building secutive Center Circles ssee, FL 32301 | le                |   |
|  | wing amount:<br>\$130.00 Filing Fee &<br>Certificate of Status | □ \$155.00 Filing<br>Certified Copy  |                   | 160.00 Filing Fee, Certificate 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 LIARILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF ELORIDA.

| (Tunne of Foreign Emmed Emernity Company), mast member Emme   | d Liability Company," "L.L.C.," or "LLC.")                    |  |
|---|---|--|
| If name unavailable, enter alternate name adopted for the purpose of transacting b Liability Company," "L.L.C," or "LLC.")                              | ousiness in Florida. The alternate name must include "Limited |  |
| 2 Ohio 3. 26-   | 3821423   |  |
| (Jurisdiction under the law of which foreign limited liability company is organized)  | (FEI number, if applicable)                                   |  |
| 1. N/A  |   |  |
| (Date first transacted business in Florida, if r<br>(See sections 605.0904 & 605.0905, F.S. to det  | prior to registration.)<br>ermine penalty liability)          |  |
| 4016 Townsfair Way, Suite 201   |   |  |
| Columbus, OH 43219  |   |  |
| (Street Address of Principal  | al Office)  |  |
| 5. 4016 Townsfair Way, Suite 201  |   |  |
| Columbus, OH 43219  | <b>第</b>  |  |
| (Mailing Address)   | ) FR TR   |  |
| 7. The name, title or capacity and address of the person(s) wh  | no has/have authority to manage is/and                        |  |
| Patricia Steiner, Member  | # P P P P P P P P P P P P P P P P P P P                       |  |
| Yaromir Steiner, Manager  | 6. 20 (S)                 |  |
| Laura Wedekind, President   | 3 × 2   |  |
|   |   |  |
| <ol> <li>Attached is an original certificate of existence, no more than<br/>having custody of records in the jurisdiction under the law of v</li> </ol> |   |  |

must be submitted)

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 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.)

Laura Wedekind

Typed or printed name of signee

# 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 STEINER REAL ESTATE SERVICES, LLC, an Ohio For Profit Limited Liability Company, Registration Number 1822141, was organized within the State of Ohio on December 4, 2008, 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, Office this 1st day of April, A.D. 2015.

Ohio Secretary of State

Validation Number: 201509100643

## 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.

| The name of the Limited Liability Company is:     Steiner Real Estate Services, 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:  |             |         |           |
| Perez & Morris LLC (Name)   |             |         |           |
| 1415 Panther Lane   | 24.67<br>24 |         |           |
| Florida Street Address (P.O. Box NOT-ACCEPTABLE)                                    |             | 15<br>A |           |
| Naples, FL 34145  |             | APR -   | •         |
| City/State/Zip  |             | 2 AM 6  | 101 to 10 |

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)