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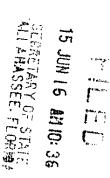
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COVER LETTER

84.51 L BJECT:	LC		
<i></i>	Name of	f Limited Liability (Company
			ation to Transact Business in Florida," Certificated liability company to transact business in Fl
se return all corre	spondence concerning this matter to the	e following:	
Rhe	onda Unthank		
	1	Name of Person	
84.	51 LLC		,
	F	Firm/Company	
100	West Fifth Street		
		Address	
Cin	cinnati, OH 45202		
_	City/S	State and Zip Code	
rhone	da.unthank@8451.com		
	E-mail address: (to be use	ed for future annual	report notification)
further informatio	n concerning this matter, please call:		
Rhonda Unti	nank	513	632-1155
 	Name of Contact Person	at (Area Code	Daytime Telephone Number
MAILING A Division of C Registration P.O. Box 632 Tallahassee,	Corporations Section 27		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
osed is a check fo	r the following amount: iling Fee □ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee & \$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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Liability Company,""L.L.C, _{2.} Ohio		3. 83-0352871		must include	
company is organized) 4. 5-29-2015	of which foreign limited liability		•		
100 West Fifth Street	(Date first transacted busine (See sections 605,0904 & 605,	ess in Florida, if prior .0905, F.S. to determi	to registration.) ne penalty liability)		
Cincinnati, OH 45202	(Street Address of I	Principal Office)			
5. 100 West Fifth Street	(allest stations of s	Thospan Onioe)			
Cincinnati, OH 45202	(Mailing /	Address)			
. Name and street addres	s of Florida registered agent: (P.	O. Box NOT accep	etable)		
Name:	CT Corporation System		_	. 5	-
Office Address:	1200 South Pine Island Rd.			TO CO	15 J
	Plantation (City)		, Florida 33324	5	91 HOF
anietarad anantic accept				1.1	7740
aving been named as reg vis application, I hereby o lih the provisions of all s	gistered agent and to accept serv accept the appointment as registe tatutes relative to the proper and	ered agent and agr	e to act in this capacity. I fur	rther agree t	o comply
Taving been named as reg its application, I hereby lith the provisions of all s to obligations of my posit	gistered agent and to accept serv accept the appointment as registe tatutes relative to the proper and	ered agent and agr d complete perform	e to act in this capacity. I fin ance of my duties, and I am f	rther agree t	o comply and gece
Taving been named as regals application, I hereby a lith the provisions of all size obligations of my position. Real of the name, title or capacity.	gistered agent and to accept servaccept the appointment as registate to the proper and thin as registered agent. Chec Cruz, Asst. Secretary and the person(s)	ered agent and agrid complete perform red agent's signature) who has/have autho	e to act in this capacity. I fur ance of my duties, and I am fo	rther agree t	o comply and gece
Taving been named as regals application, I hereby a lith the provisions of all size obligations of my position. Real of the name, title or capacituart Aitken, CEO, 100 V	gistered agent and to accept servaccept the appointment as registate to the proper and the statutes relative to the proper and the statutes registered agent. Chec Cruz, Asst. Secretary city and address of the person(s). Vest Fifth St, Cincinnati, OH 452	ered agent and agrid complete perform red agent's signature) who has/have autho	e to act in this capacity. I fur ance of my duties, and I am fo	rther agree t	o comply and gece
his application, I hereby of the provisions of all side obligations of my positive obligations at my positive of the name, title or capacituart Aitken, CEO, 100 V	gistered agent and to accept servaccept the appointment as registate to the proper and thin as registered agent. Chec Cruz, Asst. Secretary and the person(s)	ered agent and agrid complete perform red agent's signature) who has/have autho	e to act in this capacity. I fur ance of my duties, and I am fo	rther agree t	o comply and gece

Typed or printed name of signee

Stuart Aitken



DATE 04/30/2015 DOCUMENT ID 201512001030

LIMITED LIABILITY COMPANY - AMENDMENT

FILING 50.00 100.00

CERT COPY 0.00 0.00

Receipt

This is not a bill. Please do not remit payment.

NSI 145 BAKER ST. ATTN:MELODY FREEMAN **MARION, OH 43302**

STATE OF OHIO

CERTIFICATE

Ohio Secretary of State, Jon Husted 1373814

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

84.51 LLC

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

LIMITED LIABILITY COMPANY - AMENDMENT Effective Date: 04/28/2015

201512001030



State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 30th day of April, A.D. 2015.

Ohio Secretary of State