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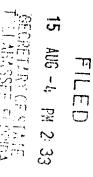
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AUG 13 2015 S. YOUNG

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	CHADMAN ENTI	ERPRISES, LLC				
		Name of	Limited Liability	Company		<del></del>
		reign Limited Liability Com ed to register the above refer				
Please return	all correspondence	concerning this matter to the	following:			
	CHAD BOWL	LING				
		N	ame of Person			<del></del>
	CHADMAN I	ENTERPRISES, LLC				
	<del></del>	F	irm/Company		<del></del>	
	8800 APPLEK	NOLL ST NW			-1-co	<b>ಪ</b>
			Address			
	MASSILLON	ОН 44646				
		City/S	tate and Zip Code		Lien.	
	CBOWLING2@					? ?
		E-mail address: (to be use	d for future annua	report not	ification)	<del>-</del> ω
For further in	nformation concernir	g this matter, please call:				
СН	AD BOWLING		330 at (	606-79	19	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	<del></del>
Div Reg P.O	ision of Corporation istration Section . Box 6327 lahassee, FL 32314			Division of Registratic Clifton B 2661 Execution	of Corporations ion Section uilding centive Center Circle ice, FL 32301	
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<b>—</b> Þ	125.00 rining ree	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filit Certified Copy	ng ree &	☐ \$160.00 Filing Fee, of Status & Certified (	

## 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

In a manusum available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Liniability Company," "LLC," or "LLC.")  OHIO  (Jurisfiction under the law of which foreign limited liability  (Date first transacted business in Florida, if prior to registration.)  (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  I571 N NOVA RD ORMOND BEACH FL, 32174  (Street Address of Principal Office)  8800 APPLEKNOLL ST NW  MASSILLON OHIO 44646  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  KAYALI & CO P.A CERTIFIED ACCOUNTANT  Office Address:  13250 N 56TH ST SUITE 102  TAMPA  (City)  (Registered agent and a gree to act in this capacity. I further agree to exist the provisions of all stabutes relative to the proper and complete performance of my duties, and I am familiar with among the obligations of my position as registered agent.  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  CHAD I BOWLING OWNER	CHADMAN ENTERP (Name of Fore	eign Limited Liability Company; mu	ıst include "L	imited Liability Compa	my," "L.L.C.	," or "LLC.")
Address:    Company, "T.L.C," or "L.C." of "L.C." of "Company," "T.L.C," or "L.C." of Company," or "C.L.C." of Company," or "C.L.C." of Company, is organized)    Company is organized)   C					•	. ,
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)  (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  1571 N NOVA RD ORMOND BEACH FL, 32174  (Street Address of Principal Office)  8800 APPLEKNOLL ST NW  MASSILLON OHIO 44646  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  KAYALI & CO P.A CERTIFIED ACCOUNTANT  13250 N 56TH ST SUITE 102  TAMPA  (City)  cegistered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated corporation at the place design is application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to act the the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with ame e obligations of my position as registered agent.  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  HAD J BOWLING OWNER	f name unavailable, enter al ability Company," "L.L.C,	Iternate name adopted for the purpos " or "LLC.")	se of transacti	ng business in Florida.	The alternat	e name must include "Limit
(Just first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine peralty liability)  [See sections 605.0904 & 605.0905, F.S. to determine peralty liability)  [See sections 605.0904 & 605.0905, F.S. to determine peralty liability)  [Street Address of Principal Office)  [Street Address of Principal Office)  [Massillon Ohio 44646  [Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  [KAYALI & CO P.A CERTIFIED ACCOUNTANT]  [Office Address:  [Tampa]  [City]  [Cit	OHIO		3. 46-5	5218036		
(Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  1571 N NOVA RD ORMOND BEACH FL, 32174  (Street Address of Principal Office)  8800 APPLEKNOLL ST NW  MASSILLON OHIO 44646  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: KAYALI & CO P.A CERTIFIED ACCOUNTANT  13250 N 56TH ST SUITE 102  TAMPA  (City)  (City)  registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the place design its application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to act in the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent.  (Registered agent's signature)  (Registered agent's signature)	(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI num	ber, if applic	cable)
(Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  1571 N NOVA RD ORMOND BEACH FL, 32174  (Street Address of Principal Office)  8800 APPLEKNOLL ST NW  MASSILLON OHIO 44646  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: KAYALI & CO P.A CERTIFIED ACCOUNTANT  13250 N 56TH ST SUITE 102  TAMPA , Florida 33617  (City)  registered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated corporation at the place design its application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to act in the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and e obligations of my position as registered agent.  (Registered agent's signature)  (Registered agent's signature)						
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(Street Address of Principal Office)  MASSILLON OHIO 44646  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: KAYALI & CO P.A CERTIFIED ACCOUNTANT  Office Address: 13250 N 56TH ST SUITE 102  TAMPA (City)  (City)  (City)  (City)  Tampa agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated corporation at the place design is application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to act the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and e obligations of my position as registered agent.  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  HAD J BOWLING OWNER						
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MASSILLON OHIO 44646  (Mailing Address)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: KAYALI & CO P.A CERTIFIED ACCOUNTANT  Office Address:  TAMPA  (City)  Tampa  (City)  (C		•	Principal Off	ice)		<del>- 5 dawa</del>
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Name:  Name:  Name:  MAYALI & CO P.A CERTIFIED ACCOUNTANT    13250 N 56TH ST SUITE 102	MASSILLON OHIO 4		<del></del>	· · · · · · · · · · · · · · · · · · ·		<b>5 1 1</b>
Name:  Name:  Name:  Name:  Office Address:  TAMPA  (City)  City)  registered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated corporation at the place design is application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to act in the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent.  (Registered agent's signature)  (Registered agent's signature)  The name, title or capacity and address of the person(s) who has/have authority to manage is/are:		(Mailing	Address)			图号 中
Name:  Office Address:    13250 N 56TH ST SUITE 102   13250 N 56TH ST SUITE 102   23617	Name and street address	ss of Florida registered agent: (P	.O. Box <u>NC</u>	OT acceptable)		当然望り
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The name, title or capacity and address of the person(s) who has/have authority to manage is/are: HAD J BOWLING OWNER	is application, I hereby ith the provisions of all s	accept the appointment as regis statutes relative to the proper an	tered agent	and agree to act in t	his capacity	v. I further agree to com
HAD J BOWLING OWNER		(Regist	tered agent's	signature)		<del>** + *</del>
CHAD J BOWLING OWNER	5. The name, title or cana	ecity and address of the nerson(s)	) who has/ha	ve authority to mana	ge is/are:	
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TINISTI FRANKS OFFICE MANAGER	CHRISTI FRANKS OFFI	ICE MANAGER				
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	urisdiction under the law	of which it is organized. (If the cubmitted)	ertificate is i	in a fareign language	official hav	ving custody of records i
2. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the translator must be submitted)		9	//	•		
risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under the law of which it is organized.	his document is executed	in accordance with section 605.0 the Department of State constitu	1203 (1) (b),	Florida Statutes. I ar	m aware tha	t any false information

Typed or printed name of signee

CHAD J BOWLING

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

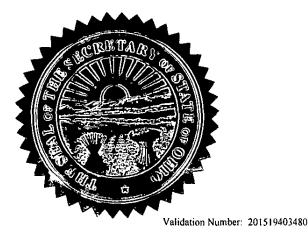
I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show CHADMAN ENTERPRISES LLC, an Ohio For Profit Limited Liability Company, Registration No. 2276210, was organized within the State of Ohio on March 12, 2014, is currently in FULL FORCE AND EFFECT upon the records of this office.

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GEONETARY OF STATE

AND AND ASSESSED AND AND ASSESSED ASSESSED AND ASSESSED AND ASSESSED AND ASSESSED ASS



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 14th day of July, A.D. 2015.

Ohio Secretary of State