M 500007840

| (Requestor's Name) | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| (Address) | | | | | | | | |
| (Address) | | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | | |
| (Business Entity Name) | | | | | | | | |
| (Document Number) | | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | | |
| W15-120331 | | | | | | | | |

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SECRETARY OF STATE

FILED

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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 14, 2015

JAMES OPPOLD 11333 CORNELL PARK DRIVE BLUE ASH, OH 45242

SUBJECT: TRIPLEFIN, LLC Ref. Number: W15000060331

We have received your document for TRIPLEFIN, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 915A00019335

COVER LETTER

| | egistration Section vision of Corporation | s | | | | | | | | |
|--|--|---|------------------------------------|---------------------|---|-------|--|--|--|--|
| SUBJECT | Triplefin, LLC | | | | | | | | | |
| SUBJECT | | Name of Limited Liability Company | | | | | | | | |
| | | eign Limited Liability Com I to register the above refer | | | | | | | | |
| Please retur | rn all correspondence co | oncerning this matter to the | following: | | | | | | | |
| | James Oppold | | | | | | | | | |
| Name of Person | | | | | | | | | | |
| | Triplefin, LLC | | | | | | | | | |
| | | F | irm/Company | | | | | | | |
| | 11333 Cornell Park Drive | | | | | | | | | |
| Address Address Address | | | | | | | | | | |
| | | | | | | | | | | |
| | City/State and Zip Code | | | | | | | | | |
| | joppold@triplefin.com | | | | | | | | | |
| For further | information concerning | E-mail address: (to be use this matter, please call: | d for future annual | report notification | STATE ORIDA | FILED | | | | |
| Ja | imes Oppold | | 513 at (| 386-6460 | | | | | | |
| | Name of | Contact Person | Area Code | Daytime T | elephone Number | | | | | |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | | | | | |
| | a check for the followi \$125.00 Filing Fee | ng amount: \$\Bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}\$ | □ \$155.00 Filia Certified Copy | _ | 160.00 Filing Fee, Cer atus & 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:

| 1 Triplefin, LLC | | | | , | |
|---|---|---|--|---|--------------|
| (Name of Fore | eign Limited Liability Company; 1 | nust include "Limited Li | ability Company," "L.L.C.," o | or "LLC.") | _ |
| Liability Company," "L.L.C, | ternate name adopted for the purp | oose of transacting busine | ess in Florida. The alternate na | ame must include " | Limited |
| 2. Ohio (Jurisdiction under the law | of which foreign limited liability | 3 | (FEI number, if applicable | ie) | |
| company is organized) | Q | | , | -, | |
| 4. 09/01/2013 | (Date first transacted bus | iness in Florida, if prior | to registration.) | _ | |
| 11222 C- 11 D- 1- D | (See sections 605.0904 & 6 | 05.0905, F.S. to determi | ne penalty liability) | | |
| 5. 11333 Cornell Park Dr | ive | | | | |
| Blue Ash, OH 45242 | | | | | |
| | · · | of Principal Office) | | 2015 SEC ALL. | |
| 6, 11333 Cornell Park Dri | ve | | | 5 SI CRE LAH | |
| Blue Ash, OH 45242 | | | | SEP RETA AHAS | eczneich |
| | (Mailin | g Address) | <u> </u> | 28 SEE | |
| 7. Name and street addres | s of Florida registered agent: | (P.O. Box <u>NOT</u> accep | table) | J. D. | |
| Name: | Corporation Service Compar | ıy | | 10. 10.5 14.0 | 0 |
| Office Address: | 1201 Hays Street | | _ | 31 AUA AUA | |
| Office Address. | Tallahassee | | 32301 | | |
| | (City) | | , Florida 32301 (Zip code) | | |
| this application, I hereby with the provisions of all s | gistered agent and to accept so accept the appointment as reg statutes relative to the proper, from as registered agent. Corporation Service Comp | istered agent and agr and complete purform | ee to act in this capacity. It cance of my duties, and I unper Assistant V | l further agree to m familiar with d | comply |
| 8 The name title or can | city and address of the person | (s) who has/havelauths | with to manage is/are: | • | |
| Henry Dale Smith - Chair | | pringfield, IL 62703 | manage is/are. | | |
| Christopher Smith - Vice | | pringfield, IL 62703 | \ | | |
| Robert Appleby - Manage | r 11333 Cornell Pa | ark Drive. Cincinnati, | OH 45242 | | |
| urisdiction under the law o | \sim | certificate is in a fore | ign language, a translation o | of the certificate u | under oath |
| submitted in a document to | the Department of State consti | itutes a third degree fe | ony as provided for in s.81 | 7.155, F.S. | |
| | | r 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 TRIPLEFIN LLC, an Ohio Limited Liability Company, Registration Number 1374351, was organized within the State of Ohio on March 11, 2003, 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 22nd day of September, A.D. 2015.

Ohio Secretary of State

an Husted

Validation Number: 201526500920