

MIS000008358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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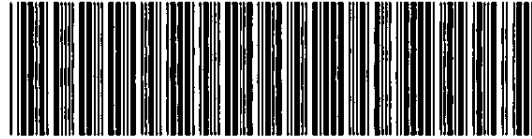
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. Culligan OCT 20 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: On Center Financial Advisors 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 concerning this matter to the following:

CAROL A. CLARK

Name of Person

On Center Financial Advisors LLC

Firm/Company

230 GREY FOX RUN

Address

CHAGRIN FALLS, OH 44022

City/State and Zip Code

ccclark@oncenterfinancial.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROL A. CLARK

Name of Contact Person

at (440)

Area Code

346 452 4252

Daytime Telephone 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

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. OnCenter Financial Advisors LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. OH10 3. _____
(Jurisdiction 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 registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. _____
3401 ENTERPRISE PARKWAY, SUITE 340
(Street Address of Principal Office)

6. 3401 ENTERPRISE PARKWAY, SUITE 340
BEACHWOOD, OH 44122
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CAROL CLARK
Office Address: 1700 GULF BLVD, #103
ENGLEWOOD, Florida 34223
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Carol A Clark
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

CAROL A. CLARK, CFA
MANAGING PRINCIPAL

3401 ENTERPRISE PARKWAY, SUITE 340
BEACHWOOD, OH 44122

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Carol A Clark

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

CAROL A. CLARK

Typed or printed name of signee

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2015 OCT 19 AM 9:10
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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 ONCENTER FINANCIAL ADVISORS LLC, an Ohio For Profit Limited Liability Company, Registration Number 2192319, was organized within the State of Ohio on April 18, 2013, 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 14th day of October, A.D. 2015.

A handwritten signature in black ink that reads "Jon Husted".

Ohio Secretary of State

Validation Number: 201528700034