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COVER LETTER

	vision of Corporation	ns					
SUBJECT:	Titusville Harrisor						
JODGEC !.		Name of	f Limited Liability	Company			
The enclose Existence, a	d "Application by Fo	reign Limited Liability Comed to register the above refer	npany for Authoriz renced foreign limi	ation to Tr	ansact Business in Florida," Certific y company to transact business in F	ate of Iorida.	
Please return	n all correspondence	concerning this matter to the	e following:				
	D. Alan Moor	e					
			Name of Person				
	EXXCEL Pro	ect Management, LLC					
Firm/Company							
	328 S. Civic C	enter Drive					
	Address						
	Columbus, Oh	io 43215-5087					
		City/S	State and Zip Code				
	amoore@exxce	.com					
		E-mail address: (to be use	d for future annual	report not	ification)		
For further in	nformation concerning	g this matter, please call:					
D.	Alan Moore		614 at (460-79			
	Name o	of Contact Person	Area Code	Day	time Telephone Number		
Div Reg P.O	vision of Corporations gistration Section D. Box 6327 lahassee, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301		
	a check for the follow \$125.00 Filing Fee	ring amount: \$\sum \\$130.00 \text{ Filing Fee & Certificate of Status}	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	:	



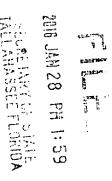
FLORIDA DEPARTMENT OF STATE Division of Corporations

January 21, 2016

D ALAN MOORE 328 CIVIC CENTER DRIVE COLUMBUS, OH 43215-5087

SUBJECT: TITUSVILLE HARRISON ONE, LLC

Ref. Number: W16000004071



We have received your document for TITUSVILLE HARRISON ONE, 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 016A00001331

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS

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. Titusville Harrison One, LLC

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

/ · /	•	(FEI number, if applicable) (FEI number, if applicable) (FPI number, if applicable) (FPI number, if applicable)	-	
(Date first transacted (See sections 605.0904) Attison One, L.	business in Florida, il & 605.0905, F.S. to d	(FBI number, if applicable)	-	-
arrison One, L Center Drive. (f prior to registration.) etermine penalty liability)	-	
arrison One, L Center Drive. (f prior to registration.) etermine penalty liability)	-	
arrison One, L Center Drive. (
Center Drive, Confer Address	0/1		_	
/ (Street Addre	olumbur, Or	h/o 43215-5087		
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onter Drive Co	Sumbus, Or	10 43215-5087	<u> </u>	E Transport
(Ma	iling Address)			
f Florida registered agen	it: (P.O. Box NOT	_acceptable)		,
egistered Agent Solution	ns, Inc.			
55 Office Plaza Drive, S	Suite A		.,•	
`allahassee		. Florida 32301		
•	ty)	(Zip code)	_	
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	egistered Agent Solution 55 Office Plaza Drive, S Tallahassee (Citee: tered agent and to accept, I hereby accept the agent of all statutes relative to position as registered agent and address of the personal address of	registered Agent Solutions, Inc. 55 Office Plaza Drive, Suite A Callahassee (City) Itee: Itered agent and to accept service of process, I hereby accept the appointment as regist of all statutes relative to the proper and corposition as registered went. (Registered agent's sign y and address of the person(s) who has/have a large of the person of the	(Mailing Address) If Florida registered agent: (P.O. Box NOT acceptable) egistered Agent Solutions, Inc. 55 Office Plaza Drive, Suite A Tallahassee (City) (City	(Mailing Address) (Mailing Address) f Florida registered agent: (P.O. Box NOT acceptable) egistered Agent Solutions, Inc. 55 Office Plaza Drive, Suite A (City) (City)

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.

F. Douglas Reardon

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 TITUSVILLE HARRISON ONE, LLC, an Ohio For Profit Limited Liability Company, Registration No. 3846514, was organized within the State of Ohio on January 07, 2016, 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 15th day of January, A.D. 2016.

Ohio Secretary of State

Validation Number: 201601501958