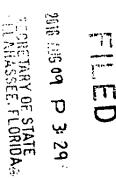
## 91600000001449

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
. PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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08/09/16--01036--028 \*\*130.00



S Warren AUG 1 2 2016

### DANIEL E. SIMON

#### ATTORNEY-AT-LAW

August 8, 2016

VIA UPS

Division of Corporations Registration Section Clifton Building 2661 Executive Center Cl. Tallahassee, FL 32301

Re: Application of KASSEL EQUITY GROUP, LLC for

Authorization to Transact Business in Florida

To Whom It May Concern:

Enclosed herewith for filing with the Florida Division of Corporations, please find an Application for Authorization to Transact Business in Florida for Kassel Equity Group, LLC, an Ohio limited liability company. Please file the Application at your earliest convenience. Also enclosed is a check for the filing fees and a Certificate of Status, a Good Standing Certificate from the Ohio Secretary of State, and a copy of the Application. Please time stamp the enclosed copy and return it to my office using the enclosed UPS envelope and overnight slip.

Should you have any questions or concerns regarding this matter please contact the undersigned as soon as possible. Thank you very much for your assistance.

Very truly yours,

Daniel E. Simon

Enclosures

#### **COVER LETTER**

	tration Section on of Corporations			
K SUBJECT:	ASSEL EQUITY GROUP, LLC			
	Name of Limited Liability Company			
	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of check are submitted to register the above referenced foreign limited liability company to transact business in Florida.			
Please return al	l correspondence concerning this matter to the following:			
	DANIEL E. SIMON, ESQ.			
	Name of Person			
Firm/Company				
	6500 BUSCH BLVD., SUITE 250			
Address				
	COLUMBUS, OHIO 43204			
	City/State and Zip Code			
	DSIMON@COLUMBUSBUSINESSLAW.COM			
	E-mail address: (to be used for future annual report notification)			
For further info	rmation concerning this matter, please call:			
DANI	EL E. SIMON, ESQ. 614 547-1536			
	Name of Contact Person Area Code Daytime Telephone Number			
Divisio Regist P.O. B	ING ADDRESS:  on of Corporations ration Section  ox 6327  assee, FL 32314  STREET ADDRESS:  Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	neck for the following amount:  5.00 Filing Fee \$\bigcup \text{\$130.00 Filing Fee & Certificate of Status} \Bigcup \text{\$155.00 Filing Fee & Status & Certified Copy} \Bigcup \text{\$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 6/6/0902, FLORIDA SIXIUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

(Nume of For	eign Limited Liability Company; must include	"Limited Liability Company," "L.L	C.," or "LLC.")
	lternate name adopted for the purpose of transc	acting business in Florida. The alter	nate name must include "Limited
.iability Company," "L.L.C, OHIO		7-1926278	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if up)	plicable)
•	(Date first transacted business in Flor	ida, if prior to registration.)	
	(Date first transacted business in Flori (See sections 605.0904 & 605.0905, F.S.	. to determine penalty liability)	<del>د</del> ~،
. 2700 McKINLEY AV	ENUE, SUITE 204		
COLUMBUS, OHIO 4	13204		
	(Street Address of Principal C	Office)	
2700 McKINLEY AVI	ENUE, SUITE 204		
COLUMBUS, OHIO 4	13204		
	(Mailing Address)		3: 29 STATE
. Name and street addres	is of Florida registered agent: (P.O. Box )	NOT acceptable)	29 10A
· · · · · · · · · · · · · · · · · · ·	INCORP SERVICES, INC.		-
Name:		<del></del>	
Office Address:	17888 67TH COURT NORTH	.00.00	
	LOXAHATCHEE .	, Florida 33470 (Zip co	
legistered agent's accep	(City)	(Zip co	ode) .
esignated in this applica complywith the provision comply the obligations of the complete of the obligations of the complete o	/	registered agent and agree to ac nd complete performance of my KICDEFITADIS ONO 's signature)	et in this capacity. I further agree duties, and I am familiar with an MFOF InCorp Servi
· · · · · · · · · · · · · · · · · · ·	city and address of the person(s) who has/ GENERAL MANAGER:	have authority to manage is/are:	
,			
2700 Mck	inter Ac., ste. 204 OH 43204		
Columbus,	OH 43204		
Attached is a certificate risdiction under the law of the translator must be su		orized person Denicl C.	ation of the certificate under oath
-		S / S	
	Signature of an authorized	orized person Pericl C.	> inen, ESG.
	in accordance with section 605.0203 (1) (but the Department of State constitutes a third	b), Florida Statutes. I am aware t	hat any false information

DANIEL E. SIMON, ESQ.

Typed or 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 KASSEL EQUITY GROUP, LLC, an Ohio For Profit Limited Liability Company, Registration Number 1913160, was organized within the State of Ohio on February 4, 2010, 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 5th day of August, A.D. 2016.

**Ohio Secretary of State** 

by Hasted

Validation Number: 201621803338