## M160009190

| (Re                                     | questor's Name)    |             |  |  |  |
|---|--------------------|-------------|--|--|--|
| (Ad                                     | dress)             |             |  |  |  |
| (Ad                                     | dress)             |             |  |  |  |
| (Cit                                    | ry/State/Zip/Phone | e #)        |  |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |  |  |
| (Bu                                     | siness Entity Nar  | me)         |  |  |  |
| (Document Number)                       |                    |             |  |  |  |
| Certified Copies                        | _ Certificates     | s of Status |  |  |  |
| Special Instructions to Filing Officer: |                    |             |  |  |  |
|   |                    |             |  |  |  |
|   |                    |             |  |  |  |
|   |                    |             |  |  |  |
|   |                    |             |  |  |  |

Office Use Only



000292296710

11/15/16--01029--025 \*\*375.00



T WASHINGTON NOV 1 6 2016

## COVER LETTER

|                               | gistration Section<br>ision of Corporatio                                   | ns  |  |  |   |  |  |
|-------------------------------|---|---|--|--|---|--|--|
| SUBJECT:                      | 20945-000-01, LLC   |   |  |  |   |  |  |
| SCHOLET.                      |   | Name of Limited Liability Company                               |  |  |   |  |  |
| The enclosed<br>Existence, ar | d "Application by Fo  | reign Limited Liability Comped to register the above reference. | pany for Authoriza<br>enced foreign limi | ition to Tra<br>ted liability              | ansact Business in Florida," Certificate of v company to transact business in Florida |  |  |
| Please return                 | all correspondence  | concerning this matter to the                                   | following:                               |  |   |  |  |
|                               | Cynthia Henry   |   |  |  |   |  |  |
| Name of Person                |   |   |  |  |   |  |  |
|                               | -   |   |  |  |   |  |  |
|                               | Firm/Company  |   |  |  |   |  |  |
| •                             | 600 Gillam Road   |   |  |  |   |  |  |
| Address                       |   |   |  |  |   |  |  |
|                               | Wilmington, OH 45177  |   |  |  |   |  |  |
|                               | City/State and Zip Code   |   |  |  |   |  |  |
|                               |   | E-mail address: (to be used                                     | d for future annual                      | report not                                 | ification)  |  |  |
| For further in                | nformation concernin  | g this matter, please call:                                     |  |  |   |  |  |
| Cynthia Henry                 |   | 800 543-5.  |  | 89   |   |  |  |
|                               | Name o  | of Contact Person   | Area Code                                | Day  | time Telephone Number   |  |  |
| Div<br>Reg<br>P.O             | ision of Corporations<br>istration Section<br>Box 6327<br>ahassee, FL 32314 |   |  | Division of Registratic Clifton B 2661 Exe | ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301         |  |  |
|                               | check for the follow<br>125.00 Filing Fee                                   | ring amount: ☐ \$130.00 Filing Fee & Certificate of Status      | ☐ \$155.00 Filin<br>Certified Copy       | g Fee &                                    | ☐ \$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: 20945-000-01, 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.") Ohio (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 600 Gillam Road, Wilmington, OH 45177 (Street Address of Principal Office) 600 Gillam Road, Wilmington, OH 45177 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation 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 complywith 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. Kristin Bolden
Assistant Secretary
(Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Donald R. DeLuca, VP of Legal, Secretary - 7290 College Pkwy, Suite 400, Ft. Myers, FL 33907 Jeffrey C. Wade, General Counsel, Assistant Secretary - 600 Gillam Road, Wilmington, OH 45177 Jeff Haungs, VP of Tax - 7290 College Pkwy, Suite 400, Ft. Myers, FL 33907 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) 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.

Typed or printed name of signee

Jeffrey C. Wade

## 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 20945-000-01, LLC, an Ohio For Profit Limited Liability Company, Registration Number 3955826, was organized within the State of Ohio on November 2, 2016, is currently in FULL FORCE AND EFFECT upon the records of this office.

16 NOV 15 PM 12: 47



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 4th day of November, A.D. 2016.

Ohio Secretary of State

Validation Number: 201630902182