M1700005748

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



500300780055

07/06/17-01013-002 **130.00

FILED

SECRETARY OF STATE
SECRETARY OF STATE

D BRUCE

DANIEL E. SIMON

ATTORNEY-AT-LAW

July 5, 2017

VIA UPS

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

Re: Application of ALEXANDER GRACE INVESTMENTS, LLC

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 Alexander Grace Investments, LLC, an Ohio limited liability company. Please file the Application at your earliest convenience. Also enclosed is a check for the filing fees plus 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 at your earliest convenience.

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

TO:

Registration Section Division of Corporations

SUBJECT:	ALEXANDER GRACE INVESTMENTS	S, LLC			
Sobject	Name of	Limited Liability Co	ompany		
	Application by Foreign Limited Liability Competer and submitted to register the above refer				
Please return al	I correspondence concerning this matter to the	following:			
	DANIEL E. SIMON, ESQ.				
	N	ame of Person			
	F	irm/Company			
	6500 BUSCH BLVD., SUITE 250				
		Address			
	COLUMBUS, OH 43229			2011 SEC TALL	-
	City/S	tate and Zip Code		CRETAR	
	dsimon@columbusbusinesslaw.com			ARY SSE	FILE
	E-mail address: (to be use	d for future annual r	eport notification)	T 0 >	7 1 I
For further info	rmation concerning this matter, please call:			B A II: 4	
DANI	EL E. SIMON, ESQ.	614 at ()	547-1536	DA 5	
	Name of Contact Person	Area Code	Daytime Telepho	one Number	
Divisio Regist P.O. B	ING ADDRESS: on of Corporations ration Section tox 6327 assee, FL 32314]] (STREET ADDRESS Division of Corporation Registration Section Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle	
	neck for the following amount: 5.00 Filing Fee \$\Bigsim \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Certified Copy		Filing Fee, Certil Certified Copy	ĭcate

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:

	Limited Liability Company; must include "	Limited Liability Company," "L.L.C.," or "LI	.C.")
(If name unavailable, enter alternate n	arne adopted for the purpose of transacting busines	s in Florida. The alternate name must include "Limite	d Liability Company," "L.L.C," or "LLC.")
_{2.} OHIO		3. 26-4343551	
	hich foreign limited liability company is organized)		number, if applicable)
4.			
	(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to	prior to registration.) determine penalty liability)	,
5. 7686 FISHEL DR. N,	SUITE B	6. 7686 FISHEL DR. N. S	SUITE B
(Street Address of I	Principal Office)		g Address)
DUBLIN, OHIO 4301		DUBLIN, OHIO 43016	
			AEC 28
			ARE TO
Name and street address	ss of Florida registered agent: (P.O	. Box NOT acceptable)	20.
Name:	INCORP SERVICES, INC.		SSE
Office Address:	17888 67TH COURT NORTH		
Office Hadreso.	LOXAHATCHEE		$E_{SS} = \mathbf{O}$
	(City)	, Florida <u>33470</u> (Zi	p code) DRA
ma accept the oonganon	s of my position as registered agen	Danielle Littlejohn on behalf o	f InCorn Services, Inc.
	(Registered a	agent's signature)	
8. The name, title or capa	_	agent's signature) who has/have authority to manage is/a	re:
8. The name, title or capa <u>Title or Capacity:</u>	_	agent's signature)	
•	ncity and address of the person(s) w Name and Address: Thomas P. Werner 7686 Fishel Dr. N. Suite	agent's signature) who has/have authority to manage is/a: Title or Capacity:	re:
Title or Capacity:	acity and address of the person(s) w Name and Address: Thomas P. Werner	agent's signature) who has/have authority to manage is/a: Title or Capacity:	re:
Title or Capacity:	ncity and address of the person(s) w Name and Address: Thomas P. Werner 7686 Fishel Dr. N. Suite	agent's signature) who has/have authority to manage is/a: Title or Capacity:	re:
Title or Capacity:	ncity and address of the person(s) w Name and Address: Thomas P. Werner 7686 Fishel Dr. N. Suite	agent's signature) who has/have authority to manage is/a: Title or Capacity:	re:
Title or Capacity:	ncity and address of the person(s) w Name and Address: Thomas P. Werner 7686 Fishel Dr. N. Suite	agent's signature) who has/have authority to manage is/a: Title or Capacity:	re:
Title or Capacity: Member	ncity and address of the person(s) w Name and Address: Thomas P. Werner 7686 Fishel Dr. N. Suite Dublin, OH 43016	agent's signature) who has/have authority to manage is/a: Title or Capacity:	re:
Title or Capacity: Member (Use attachments if neces) Attached is a certificate jurisdiction under the law	ncity and address of the person(s) w Name and Address: Thomas P. Werner 7686 Fishel Dr. N. Suite Dublin, OH 43016 sary) of existence, no more than 90 days of which it is organized. (If the cert	agent's signature) who has/have authority to manage is/a: Title or Capacity:	re: Name and Address:
Title or Capacity: Member (Use attachments if neces) Attached is a certificate jurisdiction under the law of the translator must be so	Thomas P. Werner 7686 Fishel Dr. N. Suite Dublin, OH 43016 sary) of existence, no more than 90 days of which it is organized. (If the certubmitted)	agent's signature) The has/have authority to manage is/a: Title or Capacity: B old, duly authenticated by the official ifficate is in a foreign language, a trans	re: Name and Address: al having custody of records in the islation of the certificate under oath
Title or Capacity: Member (Use attachments if neces) Attached is a certificate jurisdiction under the law of the translator must be sull. This document is exec	Thomas P. Werner 7686 Fishel Dr. N. Suite Dublin, OH 43016 sary) of existence, no more than 90 days of which it is organized. (If the certubmitted) uted in accordance with section 605	agent's signature) The has/have authority to manage is/a: Title or Capacity: B Old, duly authenticated by the official	re: Name and Address: al having custody of records in the islation of the certificate under oath
Title or Capacity: Member (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be su 10. This document is exec	ncity and address of the person(s) w Name and Address: Thomas P. Werner 7686 Fishel Dr. N. Suite Dublin, OH 43016 sary) of existence, no more than 90 days of which it is organized. (If the certubmitted) uted in accordance with section 605 of the Department of State constitutes.	B cold, duly authenticated by the official ificate is in a foreign language, a trans.	re: Name and Address: al having custody of records in the islation of the certificate under oath

Daniel E. Simon, Esq., Authorized Representative

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 ALEXANDER GRACE INVESTMENTS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 1837298, was organized within the State of Ohio on February 18, 2009, 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 29th day of June, A.D. 2017.

Ohio Secretary of State

lon Hasted

Validation Number: 201718004288