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K. SALY NOV 2 8 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 927130 8010516
AUTHORIZATION CAMPULLE MAN
COST LIMIT : \$ 125.00
ORDER DATE: November 22, 2017
ORDER TIME : 9:46 AM
ORDER NO. : 927130-005
CUSTOMER NO: 8010516
****
FOREIGN FILINGS
NAME: VALMARK FINANCIAL GROUP, LLC
XXXX QUALIFICATION (TYPE: <u>LL</u> )
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Roxanne Turner EXT# 62969

EXAMINER:

## COVER LETTER

	Registration Section Division of Corporatio	ns						
SUBJEC	VALMARK FINA T:	NCIAL GROUP, LLC						
301301.0		Name of 1	Limited Liability (	Company				
		reign Limited Liability Comp ed to register the above refere						
Please ret	urn all correspondence	concerning this matter to the	following:					
	ELIZABETH	KOZENKO						
		No	ume of Person	<del> </del>				
	VALMARK F	INANCIAL GROUP, LLC						
	Firm/Company							
	130 SPRINGS	IDE DRIVE, SUITE 300						
			Address					
	AKRON, OH	44333						
	<del></del>	City/St	ate and Zip Code					
	EKOZENKO@	VALMARKFG.COM						
	<del></del> ::	E-mail address: (to be used	for future annual	report not	ification)			
For further	er information concerni	ng this matter, please call:						
	ELIZABETH KOZENI	ко	330 _ at (	576-123	34			
	Name	of Contact Person	Area Code	Day	time Telephone Number			
] ] ]	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Fallahassee, FL 32314			Division of Registrati Clifton Bi 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ec, FL 32301			
	is a check for the follov □ \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	□ \$160.00 Filing Fee. Cer of Status & Certified Copy			

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Ohio		a. The alternate name must include "Limited	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		3, 34-1924302	
(Jurisdiction under the law of white	h foreign limited liability company is organized)	(FEI r	umber, if applicable)
upon filing			_
	(Date first transacted business in Florida, if prior to reg (See sections 605 0904 & 605,0905, F.S. to determine	pstration ) penalty liability)	
130 Springside Drive St		,,, ,	F. 5
(Street Address of Pri	ncipal Office)	O. (Mailing )	Address)
Akron, OH 44333	11-11-11		702
			GO 7
	of Florida registered agent: (P.O. Box 1	NOT acceptable)	10:22
Name:	Corporation Service Company		77
Office Address:	1201 Hays Street		
	Tallahassee	, Florida 32301	
	Tananasee	Florida 52501	
aving been named as reg signated in this applicati comply with the provisio	mce: istered agent and to accept service of pro on, I hereby accept the appointment as i ns of all statutes relative to the proper a	ocess for the above stated limi registered agent and agree to c	ted liability company at the place act in this capacity. I further agre
aving been named as reg esignated in this applicati comply with the provision and accept the obligations	nice: istered agent and to accept service of pro on, I hereby accept the appointment as i ns of all statutes relative to the proper ac of my position as registered agent. Corporation Service Company	ocess for the above stated limi registered agent and agree to c	ted liability company at the place act in this capacity. I further agre ny duties, and I am familiar with Roxanne Turner
esignated in this application comply with the provision and accept the obligations	mce: istered agent and to accept service of pro on, I hereby accept the appointment as r ns of all statutes relative to the proper a of my position as registered agent.	ocess for the above stated limitegistered agent and agree to a complete performance of n	ted liability company at the place act in this capacity. I further agre ny duties, and I am familiar with
aving been named as reg esignated in this applicati comply with the provision ad accept the obligations	nice: istered agent and to accept service of proon, I hereby accept the appointment as instantial statutes relative to the proper and finite proper and position as registered agent. Corporation Service Company By:  (Registered agent's sign	ocess for the above stated limitegistered agent and agree to a complete performance of natures	ted liability company at the place act in this capacity. I further agreeny duties, and I am familiar with Roxanne Turner Asst. Vice Presider
aving been named as reg esignated in this applicati comply with the provision ad accept the obligations	nice: istered agent and to accept service of proon, I hereby accept the appointment as instantial statutes relative to the proper as of my position as registered agent. Corporation Service Company	ocess for the above stated limitegistered agent and agree to a complete performance of natures	ted liability company at the place act in this capacity. I further agreeny duties, and I am familiar with Roxanne Turner Asst. Vice Presider
aving been named as reg esignated in this applicati comply with the provision and accept the obligations.  The name, title or capac	istered agent and to accept service of proon, I hereby accept the appointment as a not of all statutes relative to the proper and fragment of my position as registered agent.  Corporation Service Company  (Registered agent's signify and address of the person(s) who has	ocess for the above stated limit registered agent and agree to a nd complete performance of nature)  have authority to manage is/are	ted liability company at the place act in this capacity. I further agreeny duties, and I am familiar with Roxanne Turner Asst. Vice Presider
aving been named as reg signated in this applicati comply with the provision ad accept the obligations.  The name, title or capacity:	istered agent and to accept service of proon, I hereby accept the appointment as a not of all statutes relative to the proper and fragment of my position as registered agent.  Corporation Service Company  (Registered agent's signify and address of the person(s) who has a Name and Address:  LAWRENCE J. RYBKA  130 SPRINGSIDE DRIVE, \$1	ocess for the above stated limit registered agent and agree to a not complete performance of not complete performa	ted liability company at the place act in this capacity. I further agree my duties, and I am familiar with Roxanne Turner Asst. Vice Presider Asst. Vice Presider Name and Address:  CALEB CALLAHAN  130 SPRINGSIDE DR. SUI
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aving been named as reg signated in this application comply with the provision and accept the obligations.  The name, title or capacities or Capacity:  PRESIDENT/CEO	istered agent and to accept service of proon, I hereby accept the appointment as a ns of all statutes relative to the proper at of my position as registered agent. Corporation Service Company  (Registered agent's signify and address of the person(s) who has a Name and Address:  LAWRENCE J. RYBKA  130 SPRINGSIDE DRIVE, STAKRON, OH 44333  ELIZABETH KOZENKO  130 SPRINGSIDE DR, SUITE	nocess for the above stated limit registered agent and agree to a not complete performance of not complete performance of not complete performance of not complete performance of not complete performance is/arc authority to manage is/arc Title or Capacity:  EVF, CHIEF OPERATING OFFIC	ted liability company at the place act in this capacity. I further agree my duties, and I am familiar with Roxanne Turner Asst. Vice Presider  Name and Address:  CALEB CALLAHAN  130 SPRINGSIDE DR. SUI
aving been named as reg signated in this application comply with the provision accept the obligations.  The name, title or capacities or Capacity:  PRESIDENT/CEO	istered agent and to accept service of proon, I hereby accept the appointment as a ns of all statutes relative to the proper as of my position as registered agent. Corporation Service Company  (Registered agent's signify and address of the person(s) who has a Name and Address:  LAWRENCE J. RYBKA  130 SPRINGSIDE DRIVE. STAKRON, OH 44333	nocess for the above stated limit registered agent and agree to a not complete performance of not complete performance of not complete performance of not complete performance of not complete performance is/arc authority to manage is/arc Title or Capacity:  EVF, CHIEF OPERATING OFFIC	ted liability company at the place act in this capacity. I further agree my duties, and I am familiar with Roxanne Turner Asst. Vice Presider  Name and Address:  CALEB CALLAHAN  130 SPRINGSIDE DR. SUI AKRON, OH 44333  MARK WHITE

Typed or printed name of signee

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

FILED

2017 NOV 27 AM 10: 22

FALLAHASSEE, FLORIDA

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 VALMARK FINANCIAL GROUP, LLC, an Ohio Limited Liability Company, Registration Number 1156886, was organized within the State of Ohio on May 17, 2000, 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 22nd day of November, A.D. 2017.

Ohio Secretary of State

for Hastel

Validation Number: 201732602206