MITOCOOLOSN

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COVER LETTER

Registration Section
Division of Corporations

TO:

		Name of	Limited Liability	Company		
nclosed " ence, and	Application by Fo check are submitted	reign Limited Liability Com ed to register the above refer	pany for Authoriz enced foreign lim	ation to Tra ited liabilit	ansact Business in F y company to transa	lorida," Certific ct business in Fl
return a	ll correspondence	concerning this matter to the	following:			
	Pamela G. Wy	song				
		N	lame of Person			
	Triple M Cons	ulting, LLC				
		F	irm/Company		·	
	1400 Coon 1		r/			
		fall Road, Suite 800	1.11		·	
			Address			
	Dayton OH 45	430				
	-	City/S	state and Zip Code	2		
	pamela.wysong@	⊕triplemllc.com				
		E-mail address: (to be use	d for future annua	l report not	ification)	7
rther info	rmation concernin	g this matter, please call:				
_			937	912-51	08	-3
Pame.	la G. Wysong		at (
Pame		of Contact Person	at (Area Code	Day	time Telephone Nui	mber 🖰
MAIL Division Regist P.O. B				STREET Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section	
MAIL Division Regist P.O. B Tallah	Name of Corporations ration Section Section Sox 6327 assee, FL 32314 meck for the follow	ring amount:		STREET Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle	
MAIL Division Regist P.O. B Tallah	Name of Corporations ration Section Sox 6327 assee, FL 32314	ring amount: ■ \$130.00 Filing Fee & Certificate of Status		STREET Division (Registratic Clifton B 2661 Exe Tallahass	ADDRESS: of Corporations ion Section uilding cutive Center Circle	Fee. Certificate
MAIL Division Regist P.O. B Tallah	Name of Corporations ration Section Section Sox 6327 assee, FL 32314 meck for the follow	ring amount: \$\int \text{3.0.00 Filing Fee &}\$	Area Code □ \$155.00 Filir	STREET Division (Registratic Clifton B 2661 Exe Tallahass	ADDRESS: of Corporations ion Section uilding cutive Center Circle ce. FL 32301	Fee. Certificate

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 "Limite	ed Liability Company," "L.L.C.," or "LLC	.")
ne unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited	Liability Company," "L.L.C." or "LLC."
elaware		3. 46-4702519	
unsdiction under the law of w	hich foreign limited liability company is organized)	(FEI n	umber, if applicable)
1 JA	N 2018		
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) nine penalty liability)	
400 Grange Hall Roa		6. 1400 Grange Hall Road.	
(Street Address of Principal Office)		(Mailing &	Address)
Dayton OH 45430		Dayton OH 45430	
ame and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	
Name:	Timothy D. McGavern		
Office Address:	18712 Chaville Road		
	Lutz	, Florida <u>33558</u>	
ing been named as re gnated in this applica	egistered agent and to accept service of ttion, I hereby accept the appointment of	as registered agent and agree to a	ict in this capacity. I furthe
gnated in this applica omply with the provis	egistered agent and to accept service of	as registered agent and agree to a	ict in this capacity. I furthe
ing been named as re gnated in this applica omply with the provis	egistered agent and to accept service of ation, I hereby accept the appointment of ions of all statutes relative to the prope	as registered agent and agree to dere and complete performance of n	ict in this capacity. I furthe
ing been named as regional provise omply with the provise accept the obligation	egistered agent and to accept service of ation, I hereby accept the appointment of ions of all statutes relative to the propers of my position as registered agent.	as registered agent and agree to a r and complete performance of n s signature) as/have authority to manage is/are	nct in this capacity. I further by duties, and I am familiar
ing been named as regional provise omply with the provise accept the obligation	egistered agent and to accept service of ation, I hereby accept the appointment of ions of all statutes relative to the propers of my position as registered agent. (Registered agent's	as registered agent and agree to de r and complete performance of n	nct in this capacity. I furtherny duties, and I am familian
ving been named as regnated in this application omply with the provist accept the obligation. The name, title or cap	egistered agent and to accept service of ation, I hereby accept the appointment of ions of all statutes relative to the propers of my position as registered agent. (Registered agent's acity and address of the person(s) who have and Address: Michael E. Michno	as registered agent and agree to a r and complete performance of n signature) as/have authority to manage is/are Title or Capacity: Exec. Vice President	Name and Address: Kim A. High
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ring been named as regnated in this application of the provise accept the obligation. The name, title or cap Title or Capacity: President Vice President se attachments if necestatached is a certificate	egistered agent and to accept service of ation, I hereby accept the appointment of ions of all statutes relative to the propers of my position as registered agent. (Registered agent) active and address of the person(s) who have and Address: Michael E. Michno 1400 Grange Hall Rd. Suite Dayton OH 45430 Timothy D. McGavern 18712 Chaville Road Lutz FL 33558 ssary) e of existence, no more than 90 days old of which it is organized. (If the certification of the property of	as registered agent and agree to de r and complete performance of me signature) as signature) as/have authority to manage is/are Title or Capacity: Exec. Vice President 800	Name and Address: Kim A. High 1400 Grange Hall Rd Davton OH 45430

Typed or printed name of signee

Michael E. Michno

<u>Delaware</u>

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TRIPLE M CONSULTING, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE ELEVENTH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRIPLE M

CONSULTING, LLC" WAS FORMED ON THE SECOND DAY OF JANUARY, A.D.

2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 203729505

Date: 12-11-17

5459033 8300

SR# 20177497149