## M18000061187

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(Business Entity Name)	<u> </u>						
(Document Number)							
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المار الديم آلايم



January 12, 2018

CHAD YODER 138 E JACKSON ST MILLERSBURG, OH 44654

SUBJECT: BROOKHILL HOSPITALITY, LLC

Ref. Number: W17000101711

We have received your document for BROOKHILL HOSPITALITY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 717A00026150

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

www.sunbiz.org

## **COVER LETTER**

TO:

то:	Registration Section Division of Corporations						
crin ri	BROOKHILL HOSPITALITY						
SUBJI	JECT:	Name of	Limited Liability (	Company			
	enclosed "Application by Foreign Limit ence, and check are submitted to regist						
Please	e return all correspondence concerning	this matter to the	following:				
	GARRETT M. ROACH.	ATTORNEY					
		N	ame of Person		<del></del>		
	CRITCHFIELD LAW FI	RM					
		F	irm/Company				
	138 EAST JACKSON ST	138 EAST JACKSON STREET					
		<del>-</del>	Address				
	MILLERSBURG OHIO 44654						
		City/S	state and Zip Code				
	ROACH@CCJ.COM						
	E-mail a	ddress: (to be use	d for future annual	report not	ification)		
For fur	urther information concerning this matt	er, please call:					
	GARRETT M. ROACH, ATTOR	NEY	330 at (	674-30	55		
	Name of Contact	Person	Area Code	Day	time Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding recutive Center Circle ee, FL 32301		
Enclos		nt: 00 Filing Fee & ate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Certified Copy	līcat <del>e</del>	

## 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BROOKHILL HOSPIT		<del>!'' ı' nv</del>		
(Name of Foreign	Limited Liability Company; must include "Limited	d Liabilit	y Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	ida. The a	Itemate name must include "Limited Liab	lity Company," "L.L.C," or "LLC.")
2 OHIO		3	82-3296032	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	٥.	(FEI numbe	r, if applicable)
4				
4	(Date first transacted business in Florida, if prior to a (See sections 605.0904 & 605.0905, F.S. to determi	egistration ne penalty	L) liability)	
6834 COUNTY ROAL			6834 COUNTY ROAD 672	
5. O834 COUNTY ROAT		6.	(Mailing Addre	
MILLERSBURG OHI	O 44654		MILLERSBURG OHIO 440	
			·	7.
	<del></del>			
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT :	acceptable)	
Name:	SRQ PROPERTY LAW, PLLC			30
Office Address:	1800 2ND STREET, SUITE 888			<b>一种</b> 公 <b>一</b>
Office Address.	SARASOTA		34236	
	(City)		Florida 34236	<del>, \$</del> # <u>"</u>
	ions of all statutes relative to the proper s of my position as registered agent.	\$	mplete performance of my d	uties, and I am familiar with
	(Registered agent's	iignature)		
8. The name, title or capa	acity and address of the person(s) who ha	s/have	authority to manage is/are:	
Title or Capacity:	Name and Address:		itle or Capacity:	Name and Address:
MANAGER	DAVID B. SCHLABACH	Ν	IANAGER	ROBERT SCHLABACH
	6834 COUNTY ROAD 672 MILLERSBURG OH 44654	- – - -		6834 COUNTY ROAD 672 MILLERSBURG OH 44654
MANAGER	THOMAS D. MILLER			
	6834 COUNTY ROAD 672	 -		
	MILLERSBURG OH 44654	-		
(Use attachments if neces	sary)			
	of existence, no more than 90 days old, of which it is organized. (If the certificate ubmitted)			
10. This document is exec submitted in a document to	uted in accordance with section 605.0203 to the Department of State constitutes a thi	(1) (b)	, Florida Statutes. I am aware ee felony as provided for in s	that any false information .817.155, F.S.
	all B. C	a	<u> </u>	
	Signature	of an auth	orized person	

Typed or printed name of signee

DAVID B. SCHLABACH

## 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 BROOKHILL HOSPITALITY, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4079848, was organized within the State of Ohio on October 3, 2017, 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 8th day of January, A.D. 2018.

**Ohio Secretary of State** 

for Hastel

Validation Number: 201800801824