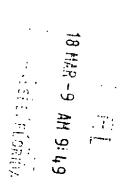
## M18000002600

(1	Requestor's Name)				
(Address)					
(Address)					
(1	City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions	to Filing Officer: N 18- 33934				

Office Use Only



100310112561





MAR 1 6 2018 Y SULKER



March 15, 2018

,

CORPORATION SERVICE COMPANY - EMILY CROFT

RESUBMIT

Please give original submission date as file date.

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

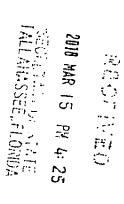
The registered agent must sign accepting the designation.

Please return 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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 718A00005237



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 110010 7653793

AUTHORIZATION : Trees Constitution in the constitu

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
YX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

NAME: CHAMPLAIN ENTERPRISES, LLC

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

## COVER LETTER

TO:

Registration Section

Div	ision of Corporation	ns						
SUBJECT:	CHAMPLAIN ENTERPRISES, LLC							
Name of Limited Liability Company								
					ansact Business in Florida," ( y company to transact busine			
Please return	all correspondence of	concerning this matter to the	following:					
	CORPORATE	CONTROLLER						
	Name of Person							
	CHAMPLAIN ENTERPRISES, LLC							
	Firm/Company							
	24950 COUNTRY CLUB BLVD, STE# 300							
			Address		<u> </u>			
	NORTH OLMS	STED, OHIO <b>44</b> 070			•			
		City/St	ate and Zip Code					
	rick.rottinger@co	ommutair.com						
		E-mail address: (to be used	for future annual	report not	ification)			
For further in	nformation concerning	g this matter, please call:						
LO	RRAINE LICATA		440 at (	779-45	8 ext 0435			
	Name o	f Contact Person	Area Code	Day	time Telephone Number			
Div R <b>e</b> g P.O	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle ee, FL 32301			
	check for the follow 125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certof 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:

1. Champlain Enterprise (Name of Foreign	s, LLC n Limited Liability Company, must include "Limite	d Liability Company," "L.L.C.," or "LLC.")	<del> </del>			
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	rida. The abernate name must include "Limited Lia	bility Company," "L.L.C," or "LLC.")			
2 Delaware		3. 47-5 <del>6</del> 76237	, ,			
	which foreign limited liability company is organized)		per, if applicable)			
4. upon qualification						
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) ne penalty hability)				
5. 24950 Country Club	Blvd	6. 24950 Country Club Blvd				
(Street Address of Principal Office)		(Mailing Address) Suite 300				
Suite 300 North Olmsted, OH 44070						
		North Olmsted, OH 44070				
7. Name and street addre	ess of Florida registered agent: (P.O. Box	NOT acceptable)				
Name:	Corporation Service Company		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
Office Address:	1201 Hays Street					
Office Address.	Tallahassee		<b>.</b>			
	(City)	, Florida 32301 (Zip code	o) ====================================			
	Corporation Service Company  (Registered agent's pacity and address of the person(s) who ha		Emily Croft  Asst. Vice President			
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:			
Member	Rick Rottinger					
	24950 Country Club Blvd Ste 300	- -				
	North Olmsted, OH 44070	<del>.</del> ———				
		- •				
(Use attachments if nece	ssary)					
	e of existence, no more than 90 days old, or which it is organized. (If the certificate submitted)					
	to the Department of State constitutes a thi					
	RICK ROTTINGER					
		printed name of signee	<del></del>			





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

DELAWARE, DO HEREBY CERTIFY "CHAMPLAIN ENTERPRISES, 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 NINTH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHAMPLAIN ENTERPRISES, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF AUGUST, A.D. 2015.

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

Jeffrey W. Bullecs, Secretary of State

Authentication: 202290570

5811764 8300 SR# 20181817312

Date: 03-09-18

You may verify this certificate online at corp.delaware.gov/authver.shtml