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K. SALY JUN 6 Z018 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 243150 7125725

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: June 5, 2018

ORDER TIME : 2:13 PM

ORDER NO. : 243150-005

CUSTOMER NO: 7125725

.....

FOREIGN FILINGS

NAME: SCHOTTENSTEIN ARVIV GROUP US,

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:

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:

	oup US, LLC Limited Liability Company; must include "Limited	f Liability Company,""L.L.C.," or "L	LC:")
			
	atne adopted for the purpose of transacting business in Flor		ed Evability Company," "Ext. C," or "LLC,")
2. Delaware (function under the law of which foreign limited liability company is organized)		3. <u>82-4518647</u>	The state of the s
(Jurisdiction under the law of wi	nich foreign limited liability company is organized)	(FE	I number, if applicable)
4. upon registration			·
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine		
5. 4300 E. Fifth Avenue		6. Legal Dept.	8
(Street Address of Principal Office) Columbus OH 43219		(Mailir 4300 E. Fifth Avenue	g Address)
		Columbus OH 43219	
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	三 二 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		表示 こ
Office Address.			w-\$
	Tallahassec (City)	, Florida 32301	
to comply with the provisi and accept the obligation	tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. Corporation Society Company (Registered agent's acity and address of the person(s) who have	and complete performance of ignature) s/have authority to manage is/s	my duties, and I am familiar with Roxanne Turner Asst. Vice President
Title or Capacity: Authorized Rep.	Name and Address: Benton E. Kraner	Title or Capacity: Authorized Rep	Name and Address: Peter Horvath
			Name and Address:
	Benton E. Kraner 4300 E. Fifth Avenue		Name and Address: Peter Horvath 4300 E. Fifth Avenue
Authorized Rep.	Benton E. Kraner 4300 E. Fifth Avenue Columbus OH 43219 Scott Razek 4300 E. Fifth Avenue Columbus OH 43219		Name and Address: Peter Horvath 4300 E. Fifth Avenue



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

DELAWARE, DO HEREBY CERTIFY "SCHOTTENSTEIN ARVIV GROUP US, 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 FIFTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCHOTTENSTEIN ARVIV GROUP US, LLC" WAS FORMED ON THE SIXTEENTH DAY OF FEBRUARY, A.D. 2018.

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

18 JUN -5 M 8 28



Authentication: 202823417

Date: 06-05-18

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