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

TO:

Registration Section Division of Corporations

| SUBJECT: | Beacon Marshall Co | - | | | | | | |
|-------------------------------|---|---|---|--|-------------------------------------|-------------------------|---------------------|---------------------|
| SUBJECT | | | Limited Liability (| Company | | | | |
| The enclosed Existence, ar | l "Application by For id check are submitte | eign Limited Liability Comp d to register the above refere | any for Authoriza nced foreign limit | ition to Trans ted liability o | sact Business in company to tran | Florida," sact busin | Certifi ess in f | cate of Florida. |
| Please return | all correspondence c | oncerning this matter to the | following: | | | | | |
| | Charles R. Mar | shall | | | | | | |
| | | Ne | ame of Person | | <u>.</u> | | | |
| | Beacon Marsha | II Companies, LLC | | | | <u></u> | | |
| | | Fi | rm/Company | | | _ | | |
| | 3457 Granger F | Road | | | | | | |
| | | | Address | | | | | |
| | Akron, OH 443 | 33 | | | | | _ | |
| | | City/St | ate and Zip Code | | | SEC PALI | ∞ | |
| | emarshall@meed | lesignbuild.com | | | ٠ | ₽Æ | يّ | 71 |
| | ~ | E-mail address: (to be used | for future annual | report notifi | ication) | SS | 9- | |
| For further in | nformation concernin | g this matter, please call: | | | • | | ¥ | |
| Ch | arles R. Marshall | | 330 at (| 659-2040 _) |) | 982 - 982 | AM 11: 09 | |
| _ _ | Name o | f Contact Person | Area Code | Daytii | me Telephone l | Number | ဟ | |
| Div Reg P.O | ision of Corporations distration Section Box 6327 lahassee, FL 32314 | | | Division of Registration Clifton Bui 2661 Execu | | rele | | |
| | a check for the follow \$125.00 Filing Fee | ing amount: S130.00 Filing Fee & Certificate of Status | □ \$155.00 Filin | | □ \$160.00 Fili of Status & Ce | | | te |

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* 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 COMPANYTO TRANSACT BUSINESS INTHE STATE OF FLORIDA:

| (If name unavailable, enter alternate r | same adopted for the purpose of transacting business in Flo | rida. The alternate | e name must include "Limited Lia" | bility Company," "L.L.C," or "L | l.C.") |
|--|--|---|---|---------------------------------|----------------|
| 2. Ohio | | | -5265819 | | |
| | hich foreign limited liability company is organized) | J. <u>64</u> | | oer, if applicable) | _ |
| 4. | • | | | | |
| 4 | (Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ | registration.) | y) | | |
| 5 3457 Granger Road | | - • | D. Box 913 | | |
| (Street Address of | (Mailing Address) Both, OH 44210 | | | | |
| Akron, OH 44333 | | | n, Ori 44210 | | • |
| 7 Name and street address | ss of Florida registered agent: (P.O. Box | NOT acces | estable) | | |
| Name: | Contractor Licensing Inc. | 1101 accep | <i>Stable)</i> | SEC: | ~ |
| Office Address: | 601 E. Elkcam Circle, Ste. B1 | | | AHA AHA | F T |
| Office Address. | Marco Island | | | SSE | -6 - |
| | (City) | ······································ | , Florida 34145 (Zip cod | <u> </u> | <u>(</u> ∏ |
| Registered agent's accep | | | | [| * · |
| | gistered agent and to accept service of patient, I hereby accept the appointment a | | | | |
| | | | | | |
| to comon with the brows | ions of all statutes relative to the brober | · and comple | ne performance of my | duties and Lam fami. | liar with |
| | ions of all statutes relative to the proper s of my position as registered agent. | and comple | ete performance of my | duties, and I am fami | liar with |
| | s of my position as registered agent. | and comple | ete performance of my | duties, and I am fami | liär with |
| | s of my position as registered agent. | Pres. L | ete performance of my | duties, and I am fami | liar with |
| | | Pres. L | ete performance of my | duties, and I am fami | har with |
| and accept the obligation 8. The name, title or cap: | (Registered agent's acity and address of the person(s) who ha | signature) | ority to manage is/are: | | |
| and accept the obligation | s of my position as registered agent. (Registered agent's | signature) | <i>t</i> | Mame and Addres | |
| and accept the obligation 8. The name, title or cap: | (Registered agent's acity and address of the person(s) who ha | signature) | ority to manage is/are: | | |
| 8. The name, title or capa | (Registered agent: (Registered agent's acity and address of the person(s) who have and Address: Charles R. Marshall 3457 Granger Road | signature) | ority to manage is/are: | | |
| 8. The name, title or capa | (Registered agent) acity and address of the person(s) who have and Address: Charles R. Marshall | signature) | ority to manage is/are: | | |
| 8. The name, title or capa | (Registered agent: (Registered agent's acity and address of the person(s) who have and Address: Charles R. Marshall 3457 Granger Road | signature) | ority to manage is/are: | | |
| 8. The name, title or capa | (Registered agent: (Registered agent's acity and address of the person(s) who have and Address: Charles R. Marshall 3457 Granger Road | signature) | ority to manage is/are: | | |
| 8. The name, title or capa | (Registered agent: (Registered agent's acity and address of the person(s) who have and Address: Charles R. Marshall 3457 Granger Road | signature) | ority to manage is/are: | | |
| 8. The name, title or cap: Title or Capacity: MGR | (Registered agent) (Registered agent's acity and address of the person(s) who have and Address: Charles R. Marshall 3457 Granger Road Akron, OH 44333 | signature) | ority to manage is/are: | | |
| 8. The name, title or caparity: MGR (Use attachments if neces | (Registered agent) acity and address of the person(s) who have and Address: Charles R. Marshall 3457 Granger Road Akron, OH 44333 | signature) as/have author Title o | ority to manage is/are: | Name and Addres | <u>S:</u> |
| 8. The name, title or caparity: MGR (Use attachments if neces) | (Registered agent. (Registered agent's acity and address of the person(s) who have and Address: Charles R. Marshall 3457 Granger Road Akron, OH 44333 | signature) as/have author Title o | ority to manage is/are; or Capacity: | Name and Addres | s: |
| 8. The name, title or caps Title or Capacity: MGR (Use attachments if neces) | (Registered agent. (Registered agent's acity and address of the person(s) who have and Address: Charles R. Marshall 3457 Granger Road Akron, OH 44333 | signature) as/have author Title o | ority to manage is/are; or Capacity: | Name and Addres | s: |
| 8. The name, title or cap: Title or Capacity: MGR (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law of the translator must be s | (Registered agent. (Registered agent's acity and address of the person(s) who have and Address: Charles R. Marshall 3457 Granger Road Akron, OH 44333 | signature) as/have author Title of | ority to manage is/are: or Capacity: ticated by the official had beign language, a translate | Name and Address | ds in the |
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| 8. The name, title or cap: Title or Capacity: MGR (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is executed. | (Registered agent. (Registered agent's acity and address of the person(s) who have and Address: Charles R. Marshall 3457 Granger Road Akron, OH 44333 essary) c of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) cuted in accordance with section 605.020 to the Department of State constitutes a the Signature. | duly authent te is in a force of the sire | ority to manage is/are: or Capacity: ticated by the official had beign language, a translated orida Statutes. I am awarelony as provided for in | Name and Address | ds in the |
| 8. The name, title or cap: Title or Capacity: MGR (Use attachments if neces jurisdiction under the law of the translator must be s | (Registered agent's acity and address of the person(s) who have and Address: Charles R. Marshall 3457 Granger Road Akron, Oli 44333 ssary) c of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) cuted in accordance with section 605.020 to the Department of State constitutes a the Signature. Charles R. Marshall | duly authent te is in a force of the sire | pority to manage is/are: or Capacity: ticated by the official had beign language, a translated by the official had beign language. | Name and Address | ds in the |

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 BEACON MARSHALL COMPANIES, LLC, an Ohio Limited Liability Company, Registration Number 1979226, was organized within the State of Ohio on November 29, 2010, is currently in FULL FORCE AND EFFECT upon the records of this office.

ALLAHASSEE, FLORUM

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 11th day of June, A.D. 2018.

Ohio Secretary of State

Jon Hastel

Validation Number: 201816202532