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COVER LETTER

TO:		on Section f Corporation	s			
SUBJI		Willowbrook Pr	roperty LLC			
SUDJ	<u></u>		Name of I.	imited Liability (Company	
						nsact Business in Florida," Certificate of company to transact business in Florida.
Please	return all cor	respondence co	oncerning this matter to the f	ollowing:		
	P	rittney Nibert				
	_		Na	me of Person		
	К	ephart Fisher I	LLC			
			Fin	m/Company		.
	2	07 N. Fourth S	ī.			
	_		····	Address		
	C	Columbus, OH	43215			
		.	City/Sta	ate and Zip Code		
	ear	monburgess@g	mail.com			
		<u> </u>	E-mail address: (to be used	for future annual	report noti	fication)
For fu	ther informat	ion concerning	this matter, please call:			
	Eamon Bu	irgess		614 at (440-439	93
		Name of	Contact Person	Area Code	Dayı	time Telephone Number
	Division of Registration P.O. Box 6				Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301
Enclos		for the followi Filing Fee	ng amount: S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of 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:

finame unavailable, enter alternate n	ame adopted for the purpose of transacting business	in Florida. The alternat	name must include "Limited Lia	bility Company," "L.L.C," or "LLC "
Ohio		3.		
(Jurisdiction under the law of w	hich foreign lunited liability company is organized)	_	(PEI mum	per, if applicable)
·	(Date first transacted business in Florida, if pr (See sections 605.0904 & 605.0905, F.S. to d	or to registration.)	_	
1309 Neil Ave.	(See sections 503,0904 & 603,0903, F.S. 16 C			
(Street Address of)	Tincipal Office)	6. <u>130</u>	9 Neil Ave. (Mailing Add	ress)
Columbus, OH 43201	,	Col	umbus, OH 43201	4.0 6
, , , , , , , , , , , , , , , , , , , ,				
				-
Managard street at the				
ivame and street addres	s of Florida registered agent: (P.O.	Rox <u>NOT</u> accel	otable)	
Name:	CT Corporation System			FI 유 2
065- 111	1200 South Pine Island Rd.		<u> </u>	720
Office Address:	100 Count internance No.	. -	_	900
•	Plantation		, Florida <u>33324</u>	5
egistered agent's accep	(City)		(Zip cod	<u>e)</u>
	CT Corporation System			
				President ——
	(Registered ag	en's signature)		
. The name, title or capa	(Registered ag	o has/have autho	ority to manage is/are:	
. The name, title or capa <u>Title or Capacity:</u>	(Registered ag	o has/have autho		Name and Address:
. The name, title or capa Title or Capacity: Member	(Registered ag	o has/have autho	ority to manage is/are:	
Title or Capacity:	(Registered ag city and address of the person(s) wh Name and Address: Eamon Burgess 1309 Neil Ave.	on's signature) o has/have autho <u>Title o</u>	ority to manage is/are:	Name and Address: Jon Burgess 7225 Drucilla St., NW
Title or Capacity:	(Registered ag city and address of the person(s) wh <u>Name and Address:</u> Eamon Burgess	on's signature) o has/have autho <u>Title o</u>	ority to manage is/are:	Name and Address: Jon Burgess
Title or Capacity:	(Registered ag city and address of the person(s) wh Name and Address: Eamon Burgess 1309 Neil Ave.	on's signature) o has/have autho <u>Title o</u>	ority to manage is/are:	Name and Address: Jon Burgess 7225 Drucilla St., NW
Title or Capacity:	(Registered ag city and address of the person(s) wh Name and Address: Eamon Burgess 1309 Neil Ave.	on's signature) o has/have autho <u>Title o</u>	ority to manage is/are:	Name and Address: Jon Burgess 7225 Drucilla St., NW
Title or Capacity:	(Registered ag city and address of the person(s) wh Name and Address: Eamon Burgess 1309 Neil Ave.	on's signature) o has/have autho <u>Title o</u>	ority to manage is/are:	Name and Address: Jon Burgess 7225 Drucilla St., NW
Title or Capacity: Member	(Registered ag city and address of the person(s) wh Name and Address: Eamon Burgess 1309 Neil Ave. Columbus, OH 43201	on's signature) o has/have autho <u>Title o</u>	ority to manage is/are:	Name and Address: Jon Burgess 7225 Drucilla St., NW
Title or Capacity: Member Jse attachments if necess	(Registered ag	on's signature) O has/have autho Title o Memb	ority to manage is/are: r Capacity: er	Name and Address: Jon Burgess 7225 Drucilla St., NW Pickerington, OH 43143
Title or Capacity: Member Use attachments if necess Attached is a certificate	(Registered ag city and address of the person(s) wh Name and Address: Eamon Burgess 1309 Neil Ave. Columbus, OH 43201 eary) of existence, no more than 90 days of	o has/have autho Title o Memb	ority to manage is/are: r Capacity: er	Name and Address: Jon Burgess 7225 Drucilla St., NW Pickerington, OH 43143
Title or Capacity: Member Jse attachments if necess Attached is a certificate risdiction under the law of	city and address of the person(s) wh Name and Address: Eamon Burgess 1309 Neil Ave. Columbus, OH 43201 eary) of existence, no more than 90 days of which it is organized. (If the certif	o has/have autho Title o Memb	ority to manage is/are: r Capacity: er	Name and Address: Jon Burgess 7225 Drucilla St., NW Pickerington, OH 43143
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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 ETS WILLOWBROOK PROPERTY LLC, an Ohio For Profit Limited Liability Company, Registration Number 4201438, was organized within the State of Ohio on June 22, 2018, 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 12th day of July, A.D. 2018.

Ohio Secretary of State

an Hastel

Validation Number: 201819303038