

4/17/2019  
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Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)288-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
Facilities Management Express, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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Corporate Filing Menu

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4-18-19  
BX

**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. Facilities Management Express, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

**2. Ohio**

(Jurisdiction under the law of which foreign limited liability company is organized)

**3. 46-1145974**

(FEI number, if available)

**4.**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S., to determine possible liability.)

**5. 800 Yard Street, Suite 115**

(Street Address of Principal Office)

**6. 800 Yard Street, Suite 115**

(Mailing Address)

Grandview Heights, OH 43212

Grandview Heights, OH 43212

**7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(City)

(Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

C T Corporation System

By: James M. Halpin

(Registered agent's signature)

James M. Halpin

Assistant Secretary

2019 APR 17 4:10:37

SECTION 605.0902

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Jeffrey M. Wilkins</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Todd L. Mace</u>
<input type="checkbox"/> Member	Address: <u>800 Yard Street, Suite 115</u>	<input type="checkbox"/> Member	Address: <u>800 Yard Street, Suite 115</u>
<input type="checkbox"/> Authorized	<u>Grandview Heights, OH 43212</u>	<input type="checkbox"/> Authorized	<u>Grandview Heights, OH 43212</u>
Person	_____	Person	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____

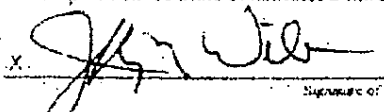
<input checked="" type="checkbox"/> Manager	Name: <u>Brian D. Gregory</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>800 Yard Street, Suite 115</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Grandview Heights, OH 43212</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____

<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

x.   
\_\_\_\_\_  
Signature of an authorized person

Jeffrey M. Wilkins  
\_\_\_\_\_  
Typed or printed name of signer

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, 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 FACILITIES MANAGEMENT EXPRESS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2141696, was organized within the State of Ohio on October 4, 2012, 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 17th day of April, A.D. 2019.*

A handwritten signature in cursive script, reading "Frank LaRose".

Ohio Secretary of State

Validation Number: 201910703098