

4/25/20
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 Division of Corporations
 Florida Department of State
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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)208-0845

****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
 Viking Partners Cypress, LLC**

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

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4-26-19
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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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Viking Partners Cypress, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(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 "LLC.")

2. Ohio 3. 83-4532680
(Jurisdiction under the law of which foreign limited liability company is organized) (FE number, if applicable)

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

5. 4901 Hunt Rd Suite 102 6. 4901 Hunt Rd Suite 102
(Street Address of Principal Office) (Mailing Address)
Cincinnati OH 45242 Cincinnati OH 45242

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.

By: C T Corporation System Bernadette Baker
(Registered agent's signature) Assistant Secretary

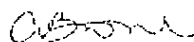
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
✓ Manager	Name: <u>Viking Partners Management, Inc.</u>	Manager	Name: _____
Member	Address: <u>4901 Hunt Rd Suite 102</u>	Member	Address: _____
Authorized	<u>Cincinnati OH 45242</u>	Authorized	_____
Person	_____	Person	_____
Other _____	Other _____	Other _____	Other _____
Manager	Name: <u>Amy Brown</u>	Manager	Name: _____
Member	Address: <u>255 E Fifth St Ste 2400</u>	Member	Address: _____
✓ Authorized	<u>Cincinnati OH 45202</u>	Authorized	_____
Person	_____	Person	_____
Other _____	Other _____	Other _____	Other _____
Manager	Name: _____	Manager	Name: _____
Member	Address: _____	Member	Address: _____
Authorized	_____	Authorized	_____
Person	_____	Person	_____
Other _____	Other _____	Other _____	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.



Signature of an authorized person

Amy Brown, Authorized Representative

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 VIKING PARTNERS CYPRESS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4326826, was organized within the State of Ohio on April 25, 2019, 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 25th day of April, A.D. 2019.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 201911501996