

MA00005423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

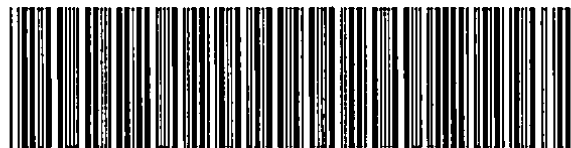
(Document Number)

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04/29/19--01038--022 **125.00

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APR 29 2019

APPROVED
AND
FILED
2019 JUN -3 PM 12:51
TOMMIE L. BLAIR
CLERK OF SUPERIOR COURT

T GLASS

JUN 04 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 3, 2019

THOMAS A. VISCONSI JR
5005 ROCKSIDE ROAD, #500
INDEPENDENCE, OH 44131 US

SUBJECT: THE FEDELI GROUP, LLC
Ref. Number: W19000043366

2019 JUN -3 PM 12:51
FILED

We have received your document for THE FEDELI GROUP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 819A00008952

THE
FEDELI GROUP

Risk Management

Employee Benefits

Insurance

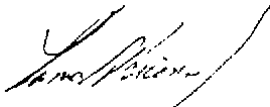
May 31, 2019

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

Please be advised that The Fedeli Group, Inc. has no intention of revoking its dissolution of the corporation. It has dissolved the corporation and formed The Fedeli Group, LLC to continue its operations.

Sincerely,



Thomas A. Visconsi, Jr.
Senior Vice President
General Counsel

TAV:meg

2019 JUN -3 PM 12:51

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AND
FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE FEDELI GROUP, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Thomas A. Visconsi Jr

Name of Person

The Fedeli Group, LLC

Firm/Company

5005 Rockside Road, # 500

Address

Independence, OH 44131

City/State and Zip Code

twisconsi@thefedeligroup.com

E-mail address: (to be used for future annual report notification)

2019 JUN -3 PM 12:51

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AND
FILED

For further information concerning this matter, please call:

Thomas Visconsi

216

337-9576

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$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:

1. THE FEDELI GROUP, 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. 34-1310398
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. January 7, 2018 March 29, 2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5005 Rockside Road, # 500 6. Same
(Street Address of Principal Office) (Mailing Address)

Independence, OH 44131

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


Name: Arlene F. Austin

Office Address: 6312 Trail Blvd.

Naples, Florida 34108
(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.


(Registered agent's signature) Arlene F. Austin

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AND
FILED

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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):

Title or Capacity: **Name and Address:**

☒ Manager Name: Umberto P. Fedeli

☐ Member Address: 5005 Rockside Road

☐ Authorized Fifth Floor

Person Independence, OH 44131

☐ Other _____ ☐ Other _____

☐ Manager Name: Jennifer Tookman

☐ Member Address: Same

☒ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

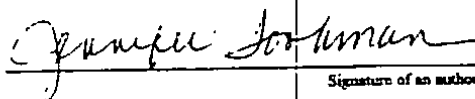
Person _____

☐ 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

Jennifer Tookman

Typed or printed name of signer

2019 JUN -3 PM 12:5

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AND
FILED

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 THE FEDELI GROUP, LLC, an Ohio For Profit Limited Liability Company, Registration Number 554439, was organized within the State of Ohio on May 9, 1980, 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 3rd day of April, A.D. 2019.*

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

Ohio Secretary of State

Validation Number: 201909302516

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AND
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2019 JUN -3 PM 12:51
OFFICE OF THE SECRETARY OF STATE
COLUMBUS, OHIO