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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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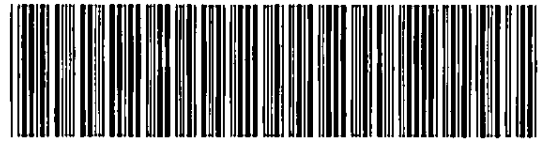
(Business Entity Name)

(Document Number)

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**THRASHER  
DINSMORE  
& DOLAN**

A LEGAL PROFESSIONAL ASSOCIATION  
WWW.TDDLAW.COM

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JAMES W. DINSMORE (1916-1975)  
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OF COUNSEL:  
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\*ALSO ADMITTED IN NEW YORK  
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\*\*\*ALSO ADMITTED IN FLORIDA

WRITER'S EMAIL: dmarkowitz@tddlaw.com

September 25, 2019

**VIA REGULAR MAIL**

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

Re: Fred's Appliance Academy, LLC Foreign Registration Application

To Whom it May Concern:

Enclosed please find an original Cover Letter, Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, check, and proof of Ohio Good Standing for Fred's Appliance Academy, LLC. Please process this request to register this Ohio LLC to transact business in the State of Florida.

Sincerely,

THRASHER, DINSMORE & DOLAN, P.A.

Dale H. Markowitz

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DHM/st  
Enclosure

PLEASE REPLY TO: CHARDON OFFICE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fred's Appliance Academy, 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:

Dale H. Markowitz  
Name of Person  
Thrasher, Dinsmore & Dolan, LPA  
Firm/Company  
100 Seventh Avenue, Suite 150  
Address  
Chardon, Ohio 44024  
City/State and Zip Code  
dmarkowitz@tddl.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Dale H. Markowitz at (440) 285-2242  
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. Fred's Appliance Academy, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. Ohio 27-4109401  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. November 2017  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 603.0905, F.S. to determine penalty liability)

5. Fred's Appliance Academy, LLC 6. Same.  
(Street Address of Principal Office) (Mailing Address)

1955 Hubbard Road

Madison, Ohio 44057

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

Name: Corporation Service Company

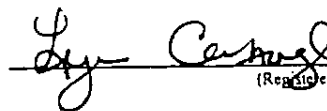
Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

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L.L.C.

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) Lyrin Cannelongo, Assistant VP

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 type="checkbox"/> Manager	Name: Adam Butcher	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 1955 Hubbard Rd.	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Madison, Ohio 44057	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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 _____	<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 _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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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.

Dale H. Markowitz  
 Signature of an authorized person

Dale H. Markowitz  
 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 FRED'S APPLIANCE ACADEMY, LLC, an Ohio For Profit Limited Liability Company, Registration Number 1967231, was organized within the State of Ohio on September 30, 2010, 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 24th day of September, A.D. 2019.*

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

Ohio Secretary of State

Validation Number: 201926702724