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COVER LETTER

	Division of Corporations		
gup ura	The Perry Group, Ltd.		
SUBJEC	Name of Limited Liability Company		
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," e, and check are submitted to register the above referenced foreign limited liability company to transact busing		
Please re	turn all correspondence concerning this matter to the following:		
	James T. Calderone		
	Name of Person		
	The Perry Group, Ltd.	20	
	Firm/Company	19 01	2 4
	165 Smokerise Drive	2019 OCT 24	+ 4 (27) 21)
	Address		4 - 1
	Wadsworth, OH 44281	NH 9:	المريد با
	City/State and Zip Code	(3	
	wdw-ap-lpa@cdmsmith.com		
	E-mail address: (to be used for future annual report notification)		
For furth	er information concerning this matter, please call:		
	Jill Hodges 330 334-6070		
	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 \$\Bigcup \$130.00 Filing Fee & \$\Bigcup \$155.00 Filing Fee & \$\Bigcup \$160.00 Filing Certificate of Status \$\Bigcup \$Certified Copy \$\Bigcup \$155.00 Filing Fee & \$\Bigcup \$160.00 Fil		

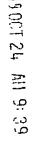
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: CDM Smith Inc Thomas McNeice Manager Manager Name: 75 State Street, Suite 701 75 State Street, Suite 701 Address: Member Address: Boston, MA 02109 Boston, MA 02109 Authorized Authorized Person Person Other Other_____ Other__ Other_ Name: Kevin Riley Name: _______ Manager ■Manager Address: 75 State Street, Suite 701 165 Smokerise Drive ☐Member ☐ Member Boston, MA 02109 Wadsworth, OH 44281 Authorized Authorized Person Person Other Other Other Other Thierry Desmaris Manager Manager | 75 State Street, Suite 701 Member Address: Member Boston, MA 02109 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. Nonindexed 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 follow as provided for in s.817.155, F.S. Signature of an authorized person

James T. Calderone

l'yped or printed name of signee

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 PERRY GROUP, LTD., an Ohio Limited Liability Company, Registration Number 961185, was organized within the State of Ohio on December 11, 1996, 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 21st day of October, A.D. 2019.

Ohio Secretary of State

I forme

Validation Number: 201929403410

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

<u> </u>	USINESS IN THE STATE OF FLORIDA:		a 1 84			
(Name of Foreign	The Per n Limited Liability Company; must include "l	ry Group, Ltd. LL Limited Liability Com	pany," "L.L.C.," or "LLC.")			
H.M. 6		The description		in Company ""!	C" ~ "U.C	.,
ns unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate				20, G BEG	.,	
Ohio (Jurisdiction under the law of which foreign limited liability company is organized)		34-1848000 (FEI number, if applicable)				
(Jurisdiction under the law of v	which foreign limited liability company is organized)		(FE) number	(it applicable)		
	(Date first transacted business in Florida, if p (See sections 603.0904 & 605.0905, F.S. to o	rior to registration) determine penalty liability)			
165 Smokerise I		6.	165 Smokerise Drive			
. (Street Address of	Principal Office)	0	(Mailing Addres	1)		
Wadsworth, OH	44281		Wadsworth, OH 442	281		
		<u></u>		 		
			• 17		919	
Name and street addre	ss of Florida registered agent: (P.O.	Box NOT accept	table)		<mark>2</mark> 019 ወርፐ 2	
	orno di O	/			2կ	
Name:	C T Corporation System		<u>-</u> _		AH	
12	1200 South Pine Island Road			-	9	
Office Address:			_	ţ	: 39	
	Plantation		33324		Œ)	
			, Florida			