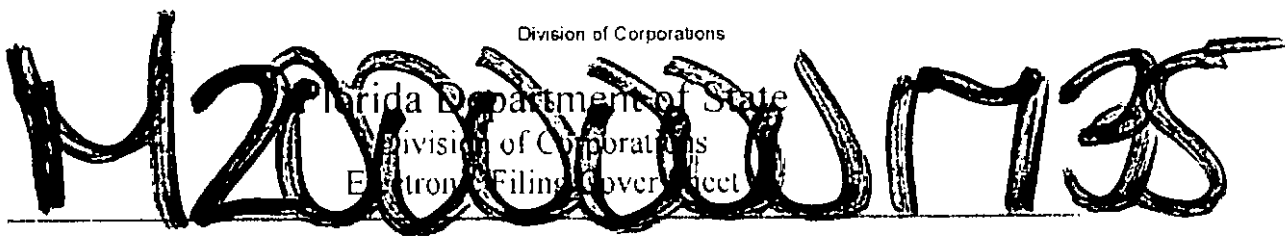


2/12/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000048946 3)))



H200000489463ABCO

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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
Chard, Snyder & Associates, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$902.50

T GLASS

FEB 13 2020

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Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 605.062, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Chard, Snyder & Associates, LLC

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

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

2. Ohio

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

3. _____ (F.T. number, if applicable)

4. 10/03/2018

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

5. 6867 Cintas Blvd, Mason, OH 45040

(Street Address of Principal Office)

6. 165 Passaic Avenue, Suite 103a

(Mailing Address)

Attn: Jessica Alley

Fairfield, NJ 07001

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

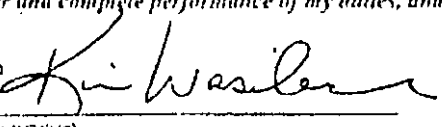
Name: CT Corporation System

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: CT Corporation System 
(Registered agent's signature)

Kim Wasilewski
Assistant Secretary

2020 FEB 12 PM 12:22

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>Ascensus, LLC</u>	☐ Manager	Name: _____
☒ Member	Address: <u>200 Dryden Road</u>	☐ Member	Address: _____
☐ Authorized	<u>Dresher, PA 19025</u>	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
 ☐ Manager	Name: _____	 ☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ 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

Joseph Dansky, Secretary of Ascensus, LLC

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 CHARD, SNYDER & ASSOCIATES, LLC, an Ohio For Profit Limited Liability Company, Registration Number 721304, was organized within the State of Ohio on March 25, 1988, 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 11th day of February, A.D. 2020.

Frank LaRose

Ohio Secretary of State

Validation Number: 202004204110

FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Meghan Smith
DATE	2/12/2020 9:17:20 AMPST
RE	((H20000048789 3))) Amendment - LZ Order #536302445

COVER MESSAGE

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2020 FEB 12 PM 12:22