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Florida Department of State
Division of Corporations
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To:

Division of Corporations
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FLORIDA

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**Foreign Limited Liability Company
SKILLED CONSTRUCTION SERVICES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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APR 16 2020

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

**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. Skilled Construction Services, 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. 2/14/2020, DE 3. 84-4738525
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 2958 Crescentville Rd 6. 2958 Crescentville Rd
(Street Address of Principal Office) (Mailing Address)
West Chester OH 45069 West Chester OH 45069

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

Name: National Registered Agents, Inc.
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.

James M. Halpin James M. Halpin
(Registered agent's signature) Assistant Secretary

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Robert Strobel

☐ Member Address: 2958 Crescentville Rd

☐ Authorized West Chester OH 45069

Person _____

☒ Other President ☐ Other _____

☐ Manager Name: Amy Brown

☐ Member Address: 255 E Fifth St Ste 2400

☒ Authorized Cincinnati OH 45202

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Perry Hossfeld

☐ Member Address: 2958 Crescentville Rd

☐ Authorized West Chester OH 45069

Person _____

☒ Other VP ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Brian Albanese

☐ Member Address: 2958 Crescentville Rd

☐ Authorized West Chester OH 45069

Person _____

☒ Other Sec & Asst Treas ☐ Other _____

☐ Manager Name: Larry Tarschis

☐ Member Address: 2958 Crescentville Rd

☐ Authorized West Chester OH 45069

Person _____

☒ Other VP ☐ Other _____

☐ Manager Name: Benjamin Cutting

☐ Member Address: 2958 Crescentville Rd

☐ Authorized West Chester OH 45069

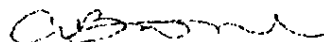
Person _____

☒ Other Treas & Asst Secy ☐ 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

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SKILLED CONSTRUCTION SERVICES, LLC" IS
DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE FOURTEENTH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
ASSESSED TO DATE.



7852244 8300

SR# 20202819293

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202766694

Date: 04-14-20