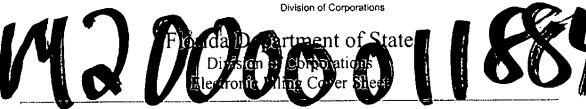
12/23/2020



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.

(((H20000438604 3)))



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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : COGENCY GLOBAL, INC. Account Number : I20000000088 : (800)221-0102 Phone : (800)944-6607 Fax Number **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 SPCOMM1 LLC Certificate of Status

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COVER LETTER

NECE: N				
	ame of Limited Liability Company			
tence, and check are submitted to register the abo	ity Company for Authorization to Transact Business in Florida." Covereferenced foreign limited liability company to transact business			
se return all correspondence concerning this matter	er to the following:			
IONATHAN D. MITCHELL, ESC) .			
**************************************	Name of Person			
BAKER & HOSTETLER LLP				
the state of the s	Firm/Company			
200 CIVIC CENTER DRIVE, SUI	TTE 1200			
	Address			
COLUMBUS, OH 43215				
COECMINOS, OII 43213	City/State and Zip Code			
IONMITCHELL@BAKERLAW.C				
	to be used for future annual report notification)			
r further information concerning this matter, pleas	·			
Jonathan D. Mitchell	614 462-2655			
Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address: Registration Section	Street Address: Registration Section			
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

To:

H200004386043

Page: 3 of 5

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

IN COMPLIANCE WITH SECTION 6080AD, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

manus viralengii i	united Liability Company, must include "Limited L	tability Company, "L.I.C., or "L.I.C."			
		de The abernate mans more include "Limited Liability Compani	v. " L.L.C." ભ "L\		
ne upsvalistike, enter alleinene m	met werehold ten tim bersbook, or notherstand ten nous mer in a reas		•		
OHIO .		85-3967213			
(Auriedation urser the law of which foreign limited hability company a reganized)					
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· · · · · · · · · · · · · · · · · · ·	(Date first transacted business as Floretta, if price to re-	pietration I			
	(See sections 605 0904 & 605 0905; 1.5 so determine				
4145 Powell Rd.		4145 Powell Rd.			
et Address of Procipal Office)	<u> </u>	6. (Mailing Address)			
		Powell, OH 43065	•		
Powell, OH 43065		Powell, On 43063			
			₹.		
	٠.				
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)			
Transc and Martingare	g til t til toll teg, her bu agent (1 toll tell tell tell tell tell tell tell				
Name:	COGENCY GLOBAL INC.	<u> </u>			
I THOUSE.					
	115 N. Calhoun St., #4				
Office Address:	*				
Office Address:					
Office Address:	Tallahassee	32301 Florida	•		

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: /s/Eric Hood (Regulered agent's vignature)

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 Canacity	ï	Name and Address:
(I) Manager	Name: Scioto Properties LLC	☐ Mnhager	Name	
Member	Address: 4145 Powell Rd.	□Member	Address: , ,	
☐ Authorized	Powell, OH 43065	□ Authorized		
Person		Person		
□Other	Other	Other		Other
□Мапшуст	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□ Authorized		
Person		Person		<u> </u>
□Other	□Other	[]Other		□Other
				2000
☐Manager	. Name:	UManager	Name:	.>
[] Member	Address:	☐ Member	Address:	
□Authorized		□Authorized	· · · · · · · · · · · · · · · · · · ·	**************************************
Person		Person		**************************************
[]Other	L]Other	☐Other		□Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Notice 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.

Richard Burkhárt

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 SPCOMM1 LLC, an Ohio For Profit Limited Liability Company, Registration Number 4572945, was organized within the State of Ohio on November 16, 2020, 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 23rd day of December. A.D. 2020.

I fore

Ohio Secretary of State

Validation Number: 202035802740