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Division of Corporations

Florida Department of State  
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**Foreign Limited Liability Company**  
**J & J Buckeye Property, LLC**

|                       |          |
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| Certificate of Status | 0        |
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K. SALY

FEB 12 2021

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. J & J Buckeye Property, 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

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

3.

(FBI number, if applicable)

4. Upon filing

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

5. 224 Atwood Place

(Street Address of Principal Office)

Huron, OH 44839

6. 224 Atwood Place

(Mailing Address)

Huron, OH 44839

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

Name:

James L. Day

Office Address:

4430 Tranquility Drive

Highland Beach

(City)

Florida

33487

(Zip code)

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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:

(Registered agent's signature)

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]:

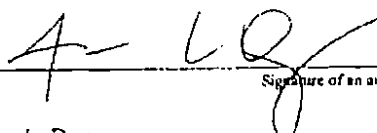
| <u>Title or Capacity:</u>                  | <u>Name and Address:</u>        | <u>Title or Capacity:</u>                  | <u>Name and Address:</u>       |
|--|---------------------------------|--|--------------------------------|
| <input type="checkbox"/> Manager           | Name: James L. Day              | <input type="checkbox"/> Manager           | Name: Jeffrey H. Wolff         |
| <input checked="" type="checkbox"/> Member | Address: 4430 Tranquility Drive | <input checked="" type="checkbox"/> Member | Address: 224 Atwood Place      |
| <input type="checkbox"/> Authorized        | Highland Beach, FL 33487        | <input type="checkbox"/> Authorized        | Huron, OH 44839                |
| 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 |
| <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.

  
\_\_\_\_\_  
Signature of an authorized person  
James L. Day  
\_\_\_\_\_  
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 J & J BUCKEYE PROPERTY, LLC, an Ohio For Profit Limited Liability Company, Registration Number 3941949, was organized within the State of Ohio on September 16, 2016, 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 2nd day of February, A.D. 2021.*

*Frank LaRose*

Ohio Secretary of State

Validation Number: 202103304390

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