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PICK-UP WAIT	MAIL
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Account#: I20000000088

Date:	12/22/2021	
	Jennifer Bialowas	<del></del>
Reference #	1549700	<u> </u>
Entity Name	SCIOTO PRO	PERTIES SP-16 LLC
✓ Article	es of Incorporation/Authorization	n to Transact Business
Amer Amer	ndment	
☐ Chan	ige of Agent	
Reins	statement	
Conv	version	
☐ Merg	er	
☐ Disso	olution/Withdrawal	
Fictiti	ious Name	
✓ Other	rUpon Filing pl	ease provide a certified copy
Authorized A	Amount: <b>155.00</b>	
Signature		

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
CIID II	Scioto Pro	operties SP-16 LLC
SUBJ	JECT:Name o	of Limited Liability Company
		mpany for Authorization to Transact Business in Florida," Certificate of ferenced foreign limited liability company to transact business in Florida.
Please	se return all correspondence concerning this matter to t	he following:
	Ri	chard Burkhart
		Name of Person
	Scio	to Properties LLC
		Firm/Company
	160 E	. Olentangy Street
		Address
	Po	well, OH 43065
	Cin	y/State and Zip Code
	•	pey@scioto.com used for future annual report notification)
For fu	further information concerning this matter, please call:	ised for future annual report nonneation,
	-	
	Richard Burkhart  Name of Contact Person	at ( 614 ) 889 5191  Area Code Daytime Telephone Number
	MAILING ADDRESS:	STREET ADDRESS:
	Division of Corporations	Division of Corporations
	Registration Section	Registration Section Clifton Building
	P.O. Box 6327 Tallahassee, FL 32314	2661 Executive Center Circle
		Tallahassee, FL 32301
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPA	RTMENT OF STATE
	S125.00 Filing Fee \$130.00 Filing Fee Certificate of	

## 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:

ame unavailable, enter alternate name	adopted for the purpose of transacting business in Florida. The	alternate name must include	"Limited Liability Compa	my," "L.L.C," or "LLC.")
Ohio		26-4556448		
Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)	
	(Date first transacted basiness in Florida, if prior to registratis	ov)	<del> </del>	
(Date first transacted business in Florida, if prior to registrations 605.0904 & 605.0905, F.S. to determine penalty for the Collection of		160 E	. Olentangy S	treet
(Street Address of Princ	ipal Office)		(Mailing Address)	
Powell			Powell	
OH 43065			OH 43065	
Name and street address of	of Florida registered agent: (P.O. Box NOT	_acceptable)		21 DEC 2
Name:	COGENCY GLOBAL INC.			22 PK
Office Address: _	Office Address: 115 North Calhoun St. Suite 4			2: 05 Lonio
	Tallahassee	, Florida	32301	***
_	(City)	<del></del>	(Zip code)	

John Celatka, Assistant Secretary

(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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Richard Burkhart - CFO Name: \_\_\_\_\_ **⊠**Manager Address: \_\_\_ 160 E. Olentangy Street ☐ Member Member Address: Powell ■Authorized [ ] Authorized OH 43065 Person Person □Other\_ Other\_\_\_\_ Other\_ Manager Manager Name: Member Address: Authorized Authorized Person Person Other\_\_\_\_ Other Other Other\_\_ Name: Name: \_\_\_\_\_ Member | | Member Address: Address: Authorized Authorized Person Person 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 felony as provided for in s.817.155, F.S.

Richard Burkhart - CFO

Typed 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 SCIOTO PROPERTIES SP-16 LLC, an Ohio For Profit Limited Liability Company, Registration Number 1836968, was organized within the State of Ohio on February 18, 2009, 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 15th day of December, A.D. 2021.

1 fore

**Ohio Secretary of State** 

Validation Number: 202134900456