

**M2200008425**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

**\*\*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  
NAP MANAGEMENT LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 05       |
| Estimated Charge      | \$155.00 |

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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T. LEMIEUX  
MAY 31 2022

## COVER LETTER

H22000188013

TO: Registration Section  
Division of Corporations

SUBJECT: NAP Management LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Gwendolyn C. Sutton, Senior Paralegal

\_\_\_\_\_  
Name of Person

Frost Brown Todd LLC

\_\_\_\_\_  
Firm/Company

150 3rd Avenue S, Suite 1900

\_\_\_\_\_  
Address

Nashville, TN 37201

\_\_\_\_\_  
City/State and Zip Code

gsutton@fbtlaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gwendolyn C. Sutton

615

743-6757

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &

Certificate of Status

☒ \$155.00 Filing Fee &

Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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2022 MAY 27 PM 3:42

SEAL H22000188013  
FALL GUYASSEE, FLORIDA**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. NAP Management 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. May 26, 2022  
 (Date first transacted business in Florida, if prior to registration.)  
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

|   |  |
|---|--|
| 5. <u>212 East Third Street</u><br>(Street Address of Principal Office) | 6. <u>212 East Third Street</u><br>(Mailing Address) |
| <u>Suite 300</u>  | <u>Suite 300</u>                                     |
| <u>Cincinnati, OH 45202</u>   | <u>Cincinnati, OH 45202</u>                          |

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

Name: Shawn McIntyre

Office Address: 1900 Hickory Street, Ste. B

Melbourne, Florida 32901  
 (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.*

  
 (Registered agent's signature)

H22000188013

H22000188013


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 checked="" type="checkbox"/> Manager                | Name: <u>Thomas L. Williams</u>       | <input checked="" type="checkbox"/> Manager                   | Name: <u>Richard F. Williams</u>      |
| <input type="checkbox"/> Member                            | Address: <u>212 East Third Street</u> | <input type="checkbox"/> Member                               | Address: <u>212 East Third Street</u> |
| <input type="checkbox"/> Authorized                        | Suite 300                             | <input type="checkbox"/> Authorized                           | Suite 300                             |
| Person   | Cincinnati, OH 45202                  | Person  | Cincinnati, OH 45202                  |
| <input checked="" type="checkbox"/> Other <u>CEO</u>       | <input type="checkbox"/> Other _____  | <input checked="" type="checkbox"/> Other <u>VP - Counsel</u> | <input type="checkbox"/> Other _____  |
| <br><input checked="" type="checkbox"/> Manager            | Name: <u>Anthony W. Hobson</u>        | <br><input checked="" type="checkbox"/> Manager               | Name: <u>Kevin P. Riley</u>           |
| <input type="checkbox"/> Member                            | Address: <u>212 East Third Street</u> | <input type="checkbox"/> Member                               | Address: <u>212 East Third Street</u> |
| <input type="checkbox"/> Authorized                        | Suite 300                             | <input type="checkbox"/> Authorized                           | Suite 300                             |
| Person   | Cincinnati, OH 45202                  | Person  | Cincinnati, OH 45202                  |
| <input checked="" type="checkbox"/> Other <u>President</u> | <input type="checkbox"/> Other _____  | <input checked="" type="checkbox"/> Other <u>COO</u>          | <input type="checkbox"/> Other _____  |
| <br><input type="checkbox"/> Manager                       | Name: _____                           | <br><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 _____  |

**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.

  
 \_\_\_\_\_  
 Kevin P. Riley, COO and Manager  
 \_\_\_\_\_  
 Typed or printed name of signer

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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 NAP MANAGEMENT LLC, an Ohio Limited Liability Company, Registration Number 1058504, was organized in the State of Ohio on February 4, 1999, 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 26th day of May, A.D. 2022.*

*F. LaRose*