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Attorneys at Law

Thomas J. Kirkwood 513-352-6728 tkirkwood@thf.com

November 5, 1998

VIA FEDERAL EXPRESS

Florida Department of State Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RE:

Knock Investments, LLC

()

Dear Sir:

Accompanying please find an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida and an Affidavit of Membership and Contributions of Foreign Limited Liability Company which we respectfully request be filed with your office. We have also enclosed a Certificate of Full Force and Effect issued by the Ohio Secretary of State on October 19, 1998 and our check in the total amount of \$337.50. This check represents the filing of the Application and Affidavit (\$250), the filing of the Designation of Registered Agent (\$35), and the return of a certified copy of these filings (\$52.50).

If you have any questions or need any further information, please contact the undersigned immediately. Thank you for your assistance in this matter.

Sincerely,

Thomas J. Kirkwood

TJK/ljt Encls.

cc:

Richard Knock

98 NOV -6 PM 3: 37
SECRETARY OF STATE
ALL MHASSEE FI MOINA

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Knoc (Name of so contain	ck Investments, LLC foreign limited liability company munded in the name at present.)	ist end with the words				
2. Ohio (Jurisdicti company	on under the law of which foreign li is organized)			er, if applicable)		
4	October 13, 1998 (Date of Organization)	е	Perpetual Duration: Year limited xist or "perpetual")			
6	November 5, 1998 (Date first transacted busines			, and 817.155, F.S	.)	_
7	P.O. Box 141093, Cinc	innati, Ohio 45	250	*		<u>.</u> .
	· <u> </u>	(Street address of pr	incipal office)	k 4, s		
			(MCDM)	or manager[M0	JKIWHO	
8. List na will ma	me, title, and business address anage the foreign limited liabil NAME & ADDRESS:	of each managing ity company in Flo	member[MGRM] rida: (attach additi NAME & ADI		TITLE:	
8. List na will ma	NAME & ADDRESS:	TITLE:	NAME & ADI		TITLE:	
8. List na will ma	NAME & ADDRESS: Richard Knock P.O. Box 141093	TITLE: Manager	NAME & ADI		TITLE: 98 NOV	FIL
8. List na will ma	NAME & ADDRESS: Richard Knock	TITLE: Manager	NAME & ADI		55 SECRETARY OF	FILED
8. List nawill ma	NAME & ADDRESS: Richard Knock P.O. Box 141093	TITLE: Manager	NAME & ADI		E: 98 NOV -6 PM 3: TIT SECRETARY OF STITALLAHASSEE, FLO	
8. List na will ma	NAME & ADDRESS: Richard Knock P.O. Box 141093	TITLE: Manager	NAME & ADI		55 SECRETARY OF	
8. List nawill ma	NAME & ADDRESS: Richard Knock P.O. Box 141093	TITLE: Manager	NAME & ADI		E: 98 NOV -6 PM 3: TIT SECRETARY OF STITALLAHASSEE, FLO	
8. List nawill ma	NAME & ADDRESS: Richard Knock P.O. Box 141093	TITLE: Manager	NAME & ADI		E: 98 NOV -6 PM 3: TIT SECRETARY OF STITALLAHASSEE, FLO	
8. List na will ma	NAME & ADDRESS: Richard Knock P.O. Box 141093	TITLE: Manager 0	NAME & ADI	DRESS:	E: 98 NOV -6 PM 3: TIT SECRETARY OF STITALLAHASSEE, FLO	

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language a translation of the certificate under oath of the translator must be submitted.)

UNITED STATES OF AMERICA, STATE OF OHIO, OFFICE OF THE SECRETARY OF STATE.

I, Bob Taft, do hereby certify that I am the duty 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 corporations; that said records show KNOCK INVESTMENTS, LLC., an Ohio Limited Liability Company, Registration No. 1037230, was organized within the State of Ohio on October 13, 1998 and is currently in FULL FORCE AND EFFECT upon the records of this office.



witness my hand and official seal at Columbus, Ohio on Columbus, Ohio on Columbus, October 19, 1998

Bob Taft

Bob Taft Secretary of State

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of Knock Inve	estments, LLC
certifies:	
1) the above named limited liability company has at least one member;	
2) the total amount of cash contributed by the member(s) is	\$ <u>1,000</u> ;
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.) and	\$ <u>-0-</u> ;
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)	\$360,000.00.
Signature of a member or an authorized representative of a mem (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	FILED 98 NOV -6 PM 3: (
Richard Knock Typed or printed name of signee	<u> </u>
i vned or nunted name of signee	

Filing Fee: \$250.00 for Application and Affidavit

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

2. The name and the Florida street address of the registered agent and office are: Del Osburn		Knock Investments, LLC	<u></u>		
Del Osburn (Name) El Osburn (Name) (Name)	2. The name and	the Florida street address of the registered agent and office are:	SECIVE	98 NOV	
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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and		Del Osburn	SSA!	9-	=
Ponte Vedra Beach, FL 32082 City/State/Zip 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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and	•	(Name)	E, F		
Ponte Vedra Beach, FL 32082 City/State/Zip 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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and		101 Broken Pottery Lane	_ 🚉	. ట్ర	
City/State/Zip 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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and		Florida street address (P.O. Box NOT ACCEPTABLE)	Ä	ω	
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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and	_	ronce vedia beach,			
accept the obligations of my position as registered agents.	liability company registered agent	at the place designated in this certificate, Thereby designated in this carrier. I further goree to comply with the	e provisi	ions o	f all
Wil Ostun (Signature)	Del C	Dolum			. •

Filing Fee: \$ 35 for Designation of Registered Agent