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|------------|--------------|---------------------------|--------|-------|---------|------|------|
| DATE:      | DOCUMENT ID  | DESCRIPTION               | FILING | EXPED | PENALTY | CERT | COPY |
| 01/03/2003 | 200300300278 | LIMITED PARTNERSHIP (CLP) | 125.00 | .00   | .00     | .00  | .00  |

**Receipt**

This is not a bill. Please do not remit payment.

C. BERNARD BRUSH  
5530 COLUMBIA ROAD  
PATASKALA, OH 43062

# STATE OF OHIO

**Ohio Secretary of State, J. Kenneth Blackwell**

**1360218**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**FLUCKE FAMILY LIMITED PARTNERSHIP**

and, that said business records show the filing and recording of:

Document(s)

**LIMITED PARTNERSHIP**

Document No(s):

**200300300278**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of  
the Secretary of State at Columbus,  
Ohio this 31st day of December,  
A.D. 2002.

*J. Kenneth Blackwell*  
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State  
Central Ohio: (614) 466-3910  
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos  
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

~~Mail Form is processed following:~~

☐ Yes PO Box 1390  
Columbus, OH 43216

\*\*\* Requires an additional fee of \$100 \*\*\*

☒ No PO Box 670  
Columbus, OH 43216

**Application for Registration of a Registered Partnership  
Having Limited Liability or  
Certificate of Limited Partnership**

(Domestic or Foreign)  
Filing Fee \$125.00

**APPROVED**

By JB

Date 12.31.02

Amt. 125-

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

(1) Certificate of Limited Partnership

☒ Domestic (141-CLP)

☐ Foreign (104-LPF)

Ohio

(Home State)

December 30, 2002

(Date of Organization)

ORC 1782

(2) Application for Registration of a  
Registered Partnership Having Limited Liability

☐ Domestic

(105-PLL)

☐ Foreign

(105-PLF)

(State)

ORC 1775.61 (A)

Complete the general information in this section for the box checked above.

The Name of the  
Partnership Shall Be

FLUCKE FAMILY LIMITED PARTNERSHIP

☐ Check here if additional provisions are attached

RECEIVED  
SECRETARY OF STATE  
2002 DEC 31 PM 3:50  
CLERK OF COURT CENTER

Complete the information in this section if Domestic or Foreign is checked in box (1).

The Address of the  
principal place of  
business of the partnership shall be

2461 U.S. Route 40 S.E.

(Street)

London

(City)

Ohio

(State)

43140

(Zip Code)

The Name and Business or Residence Address of each  
GENERAL PARTNER is

(Name)

(Address)

CLARA B. FLUCKE

2461 U.S. Route 40 S.E.

London, OH 43140

(If insufficient space to cover this item, please attach additional sheet)

Complete the information in this section if box (1) or (2) is checked.

The above stated hereby appoints the following as its Statutory Agent

The Name & Address of a  
Statutory Agent for Service of Process

C. BERNARD BRUSH, Attorney

(Name)

5530 Columbia Road S.W.

In Ohio is

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Pataskala,

(City)

Ohio  
(State)

43062

(Zip Code)

The entity above irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- A. the agent cannot be found or
- B. the above listed fails to designate another agent when required to do so, or
- C. the above stated registration to do business in Ohio expires or is cancelled.

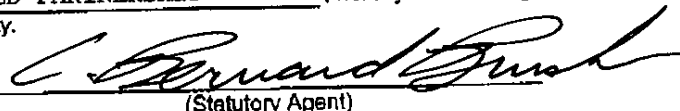
#### ACCEPTANCE OF APPOINTMENT

(Agent must sign Acceptance of Appointment if Domestic is checked in box 1.)

The Undersigned, C. BERNARD BRUSH, named herein as the

Statutory agent for, FLUCKE FAMILY LIMITED PARTNERSHIP, hereby acknowledges and  
accepts the appointment of statutory agent for said entity.

Signature:

  
(Statutory Agent)

Complete the information in this section if Foreign is checked in box (1).

The Address of the  
Foreign Partnership  
In the State or Country  
of Formation

(Street)

(City)

(State or Country)

(Zip Code)

(If the foreign limited partnership is not required to maintain an office in its state of formation, please indicate this fact in this space)

The address of the office where a list of the names and business or residence addresses of the limited partnership and their capital contributions is to be maintained until the registration of the foreign limited partnership is cancelled or withdrawn is

(Street)

(City)

(State or Country)

(Zip Code)

Complete the information in this section if box (2) is checked.

Please complete the following appropriate section (either item A or B)

(A) The Address of the Partnership's  
Principal Office in Ohio is

2461 U.S. Route 40 S.E.

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

London

(City)

Ohio

(State)

43140

(Zip Code)

If the partnership does not have a principal office in Ohio, then Item B must be completed.

(B) The Address of the Partnership's  
Office is

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(State)

(Zip Code)

The business which the partnership engages in is acquire, lease, hold, sell & operate real estate & other types of properties, managing real estate

The effective date shall be December 31, 2002

(Date)

(If a date is specified, the date must be a date on or after the date of filing; the effective date of the application cannot be earlier than the date of filing, if no date is specified, the date of filing will be the effective date of the application.)

Follow these signature instructions in this section if an item in box (1) is checked.

(Domestic) Certificate must be signed by all general partners.  
(Foreign) This application is to be signed by a general partner of the limited partnership.

Follow these signature instructions in this section if an item in box (2) is checked.

The registration application must be executed by a majority in interest of the partners or by one or more partners authorized by the partnership to execute the registration application.

#### REQUIRED

Must be authenticated (signed)  
by an authorized representative  
(See Instructions)

Clara B. Flucke  
Authorized Representative

December 31 2002  
Date

CLARA B. FLUCKE  
Print Name

Authorized Representative

Date

Print Name

Authorized Representative

Date

Print Name