DOC ID ----> 200405801120

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/27/2004	200405801120	LIMITED PARTNERSHIP (CLP)	125.00	100.00	.00	.00	5.00

Receipt

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

SQUIRE, SANDERS & DEMPSEY, L.L.P.
41 SOUTH HIGH STREET, SUITE 1300
COLUMBUS, OH 43215

STATE OF OHIO

CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1444574

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

PLV ASSOCIATES, L.P.

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

Document(s)	Document No(s):
LIMITED PARTNERSHIP	**200405801120**

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 25th day of February, A.D. 2004.

J. Kenneth Blackwell

Ohio Secretary of State

DOC ID ----> 200405801120

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)

- ● 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

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

(1) Certificate of Limited Partnership	(2) Application for Registration of a Registered Partnership Having Limited Liability
☑ Domestic *(141-CLP)*	☐ Domestic *(105-PLL)* ☐ Foreign *(105-PLF)*
☐ Foreign *(104-LPF)* _____ *(Home State)* _____ *(Date of Organization)*	_____ *(State)*
ORC 1782	*ORC 1775.61 (A)*

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

The Name of the Partnership Shall Be PLV Associates, L.P.

☐ ***Check here if additional provisions are attached***

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

3750 Fleming Avenue
(Street)

Cleveland *(City)* | Ohio *(State)* | 44115 *(Zip Code)*

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

(Name)	*(Address)*
TFG-PLV, Inc.	3750 Fleming Avenue, Cleveland, Ohio 44115

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

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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 In Ohio is

Andrew Service Corporation
(Name)

4900 Key Tower, 127 Public Square
(Street) *NOTE: P.O. Box Addresses are NOT acceptable.*

Cleveland *(City)* **Ohio** (State) 44115 *(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, Andrew Service Corporation ,named herein as the Statutory agent for, PLV Associates, L.P. , hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: _____ , Daniel G. Berick
(Statutory Agent)
Vice President of Andrew Service Corporation

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)*

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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

_____ *(Street)* ***NOTE: P.O. Box Addresses are NOT acceptable.***

_____ *(City)* Ohio (State) _____ (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 _____

_____

The effective date shall be _____ *(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)**

TFG-PLV, Inc.
Robert A. James
Authorized Representative

February 24, 2004
Date

Robert A. James, Jr., Vice President
Print Name

Authorized Representative

Date

Print Name

Authorized Representative

Date

Print Name