DOC ID ----> 201627301320

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/03/2016	201627301320	PARTNERSHIP - STMNT PARTNERSHIP AUTHORITY (PRT)	99.00	0.00	0.00	0.00	0.00

Receipt

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

BRENDA FIELDS
7140 IRON KETTLE DR
HAMILTON, OH 45011

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted
3945978

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

PEARLS DINER

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

Document(s)	Document No(s):
PARTNERSHIP - STMNT PARTNERSHIP AUTHORITY	**201627301320**
Effective Date: 09/29/2016	

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 3rd day of October, A.D. 2016.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201627301320

Form 535 Prescribed by:
Ohio Secretary of State
JON HUSTED
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Date Electronically Filed: 9/29/2016

Statement of Partnership Authority

Filing Fee: $99

(189-PRT)

Name of the Partnership: PEARLS DINER

Registration Number of Partnership:

(Required only if partnership has filed a prior statement under Ohio Revised Code 1776)

Address of the partnership's chief executive office

4696 DIXIE HIGHWAY
Mailing Address

FAIRFIELD — City
OH — State
45014 — ZIP Code

If the chief executive office is not in Ohio, the address of any office of the partnership in Ohio, if one exists

Mailing Address

City
State
ZIP Code

Provide the names and addresses of all partners **or** appoint an information agent

Partner Name	Address
BRENDA FIELDS	7140 IRON KETTLE DRIVE HAMILTON OHIO 45011
SHANE FIELDS	151 BARABOO ST HAMILTON OHIO 45011

Information Agent

DANIEL COMPSTON
Name of Agent

978 A NILLES RD
Mailing Address

FAIRFIELD	OH	45014
City	State	ZIP Code

Must Complete This Section

Original Appointment of Agent

The undersigned authorized representative(s) of

PEARLS DINER
Name of Partnership

hereby appoints the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the partnership may be served.

DANIEL COMPSTON
Name of Agent

978 A NILLES RD
Mailing Address

FAIRFIELD	OH	45014
City	State	ZIP Code

Acceptance of Appointment

The undersigned, named herein as the statutory agent for

PEARLS DINER
Name of Partnership

hereby acknowledges and accepts the appointment of agent for said partnership

DANIEL COMPSTON
Individual Agent's Signature / Signature on behalf of Business Serving as Agent

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Optional: The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership and any limitations of that authority.

Names	Authority / Limitations

Optional: The names of the partners authorized to enter into transactions on behalf of the partnership (other than instruments transferring real property held in the name of the partnership) and any limitations on that authority.

Names	Authority / Limitations

Optional: Insert here or on attached sheets any other matter to be included in a statement of authority.

Names	Authority / Limitations

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required
Must be signed by an authorized representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

DANIEL COMPSTON
Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name