DOC ID ----> 202201905268

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
01/20/2022	202201905268	PARTNERSHIP - STMNT PARTNERSHIP AUTHORITY (PRT)	99.00	0.00	0.00	0.00

Receipt

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

BRYAN KEVIN HART
405 PUBLIC SQUARE
SUITE 237
TROY, OH 45373

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

4804867

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

SWEET DREAMS CAKE SHOPPE

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

Document(s)	Document No(s):
PARTNERSHIP - STMNT PARTNERSHIP AUTHORITY	**202201905268**
Effective Date: 01/19/2022	

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 20th day of January, A.D. 2022.

Ohio Secretary of State

DOC ID ----> 202201905268

Form 535 Prescribed by:

Frank LaRose
Ohio Secretary of State

Date Electronically Filed: 1/19/2022

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Statement of Partnership Authority

Filing Fee: $99

(189-PRT)

Form Must Be Typed

Name of Partnership: Sweet Dreams Cake Shoppe

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

223 S RIDGE AVE
Mailing Address

TROY
City

Ohio
State

45373
ZIP Code

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

Mailing Address

City

State

ZIP Code

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

Partner Name	Partner Address
CATHERINE PEOPLES	223 S RIDGE AVE TROY OHIO 45373
JOHN ROCHESTER	480 BROOKWOOD DR TROY OHIO 45373

Information Agent

BRYAN HART
Name of Information Agent

405 PUBLIC SQ, STE 237
Mailing Address

TROY (City) | Ohio (State) | 45373 (ZIP Code)

Must Complete This Section

Original Appointment of Statutory Agent

The undersigned authorized representative(s) of

Sweet Dreams Cake Shoppe
(Name of Partnership)

hereby appoint 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.

BRYAN HART
(Name of Statutory Agent)

405 PUBLIC SQ, STE 237
(Mailing Address)

TROY (Mailing City) | OH (Mailing State) | 45373 (Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, named herein as the statutory agent for

Sweet Dreams Cake Shoppe
(Name of Partnership)

hereby acknowledges and accepts the appointment of agent for said partnership.

BRYAN K HART
(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

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.

ALLIANCE BUSINESS PROFESSIONALS LLC
Signature

BRYAN K HART
By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name