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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702) 866-2500
Fax Number : (702) 866-2689

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: documents@incorp.com

FOREIGN PROFIT/NONPROFIT CORPORATION**LeafFilter North of Florida, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

RECEIVED

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SECRETARY OF STATE
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15 SEP 15 AM 7:52

SEP 16 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LeafFilter North of Florida, Inc.

Name of corporation - must include suffix.

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Amber Ragland

Name of Person

InCorp Services, Inc.

Firm/Company

2360 Corporate Circle, Suite 400

Address

Henderson, NV 89074

City/State and Zip code

documents@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amber Ragland on behalf of InCorp Services, Inc. at (800) 246-2677

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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H150002223003

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. LeafFilter North of Florida, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Ohio

(State or country under the law of which it is incorporated)

3.

47-4957331

(FEI number, if applicable)

4. August 20, 2015

(Date of incorporation)

5.

Perpetual

(Date of duration, if other than perpetual)

6. Upon Filing

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1595 Georgetown Rd., Hudson, OH 44236

(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee

(City)

Florida

33470

(Zip code)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Amber Ragland for InCorp Services, Inc.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Matthew John Kaulig

Address: 1595 Gerogetown Rd.

Hudson, OH 44236

Director: _____

Address: _____

B. OFFICERS

President: Matthew John Kaulig

Address: 1595 Gerogetown Rd.

Hudson, OH 44236

Vice President: _____

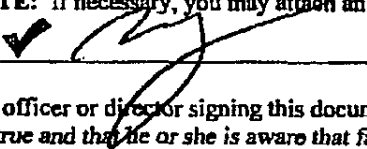
Address: _____

Secretary: Matthew John Kaulig

Address: 1595 Gerogetown Rd., Hudson, OH 44236

Treasurer: Matthew John Kaulig

Address: 1595 Gerogetown Rd., Hudson, OH 44236

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.12. ☒  _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Matthew John Kaulig, President

(Typed or printed name and capacity of person signing application)

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

I, Jon Husted, do hereby certify that I am the duly 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 business entities; that said records show LEAFFILTER NORTH OF FLORIDA, INC., an Ohio corporation, Charter No. 2421431, having its principal location in Stow, County of Summit, was incorporated on August 20, 2015 and is currently in GOOD STANDING upon the records of this office.



15 SEP 15 AM 7:52
SECRETARY OF STATE
JON HUSTED
WITNESS my hand and the seal of the
Secretary of State at Columbus, Ohio
this 15th day of September, A.D.
2015.

Jon Husted

Ohio Secretary of State

Validation Number: 201525803360

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