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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

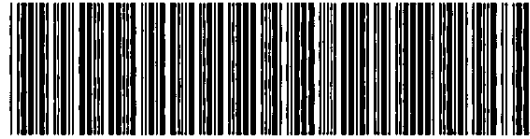
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

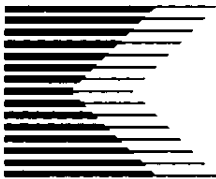
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



KRUGLIAK, WILKINS, GRIFFITHS  
& DOUGHERTY CO., L.P.A. attorneys at law

**Mara R. Kraft**  
Direct Line: (330) 244-4489  
mkraft@kwgd.com

August 11, 2014

**VIA OVERNIGHT DELIVERY**

Florida Department of State  
Division of Corporations  
Registration Section  
Clifton building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RE: *Massa Financial Solutions – Florida, LLC***

Dear Sir/Madam:

Enclosed please find the *Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida* for Massa Financial Solutions- Florida, LLC for filing with your department. Please file upon receipt and return a Certificate of Status and Certified Copy to the undersigned.

I have also enclosed a check in the amount of \$160.00 to cover the filing fee, as well as the fees for the Certificate of Status and Certified Copy.

Please let me know if you have any questions.

Very truly yours,

KRUGLIAK, WILKINS, GRIFFITHS  
& DOUGHERTY CO., L.P.A.

Mara R. Kraft  
Corporate Paralegal

Enc.



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Massa Financial Solutions - Florida, LLC**

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

**Mara Kraft, Corporate Paralegal**

Name of Person

**Krugliak, Wilkins, Griffiths & Dougherty Co., LPA**

Firm/Company

**4775 Munson St. NW / PO Box 36963**

Address

**Canton, Ohio 44735**

City/State and Zip Code

**szurakowski@kwgd.com**

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

For further information concerning this matter, please call:

**Mara Kraft**

Name of Contact Person

at ( **330** ) **497-0700**

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &  
Certificate of Status

\$155.00 Filing Fee &  
Certified Copy

\$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Massa Financial Solutions - Florida, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Ohio 3. 45-5450687  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

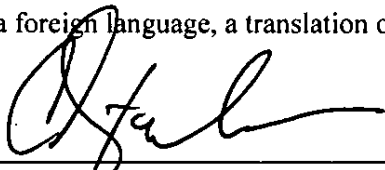
5. 219 E. Maple St., Suite 202  
North Canton, OH 44720  
(Street Address of Principal Office)

6. 219 E. Maple St., Suite 202  
North Canton, OH 44720  
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are  
C. David Massa, Member  
Jason McMillin, Member

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TALLAHASSEE, FLORIDA

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

C. David Massa, Member

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

**Massa Financial Solutions - Florida, LLC**

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If unavailable, the alternate to be used in the state of Florida is:

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2. The name and the Florida street address of the registered agent and office are:

**CT Corporation System**

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(Name)

**1200 South Pine Island Rd.**

---

Florida Street Address (P.O. Box NOT ACCEPTABLE)

**Plantation**

**33324**

---

City/State/Zip

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TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.*

*Kristin Bolden*

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(Signature)

Kristin Bolden  
Assistant Secretary

- \$ 100.00 Filing Fee for Application
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)

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 MASSA FINANCIAL SOLUTIONS - FLORIDA, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2296173, was organized within the State of Ohio on May 16, 2014, is currently in FULL FORCE AND EFFECT upon the records of this office.*



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 12th day of August, A.D. 2014.*

*Jon Husted*

Ohio Secretary of State

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Validation Number: 201422401668