

M19000003122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

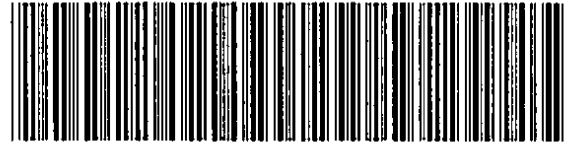
(Document Number)

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

Special Instructions to Filing Officer:

W19-26072

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TAMPA, FLORIDA

D. BRUCE  
APR 01 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2019

EASTON E.SALTSMAN  
200 MARKET AVE. SUITE 300  
CANTON, OH 44241

SUBJECT: 3153 NOVUS COURT, LLC  
Ref. Number: W19000026072

We have received your document for 3153 NOVUS COURT, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Corporate Records Supervisor

Letter Number: 519A00005305

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 3153 Novus Court, 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:

Easton E. Saltsman  
 \_\_\_\_\_  
 Name of Person

Day Ketterer Ltd.  
 \_\_\_\_\_  
 Firm/Company

200 Market Ave. Suite 300  
 \_\_\_\_\_  
 Address

Canton, OH 44241  
 \_\_\_\_\_  
 City/State and Zip Code

eesaltsman@dayketterer.com  
 \_\_\_\_\_  
 E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

|                        |              |                          |
|------------------------|--------------|--------------------------|
| Easton E. Saltsman     | 330          | 680.7454                 |
| _____                  | at ( _____ ) | _____                    |
| Name of Contact Person | 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:  
 Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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 TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 3153 Novus Court, 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3.
(FEI number, if applicable)

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

5. 8919 E. Moreland Rd.
(Street Address of Principal Office)

6. 8919 E. Moreland Rd.
(Mailing Address)

Apple Creek, OH 44606

Apple Creek, OH 44606

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

Name: John Werren

Office Address: 5450 N. OCEAN BLVD. UNIT #33

LAUDERDALE BY THE SEA, Florida 33308
(City) (Zip code)

Registered agent's acceptance:

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 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.

[Handwritten signature of John Werren]
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:

Manager Name: Roman Hochstetler  
 Member Address: 8919 E. Moreland Rd.  
 Authorized Apple Creek, OH 44606  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Title or Capacity: Name and Address:

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Roman Hochstetler  
 Signature of an authorized person

Roman Hochstetler  
 Typed or printed name of signer

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 2019 MAR 29 PM 10:41  
 TALLAHASSEE, FLORIDA  
 STATE DEPARTMENT OF REVENUE

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

*I, Frank LaRose, 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 3153 NOVUS COURT, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4292088, was organized within the State of Ohio on February 11, 2019, 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 25th day of March, A.D. 2019.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 201908404662