

Mdooooo 3918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

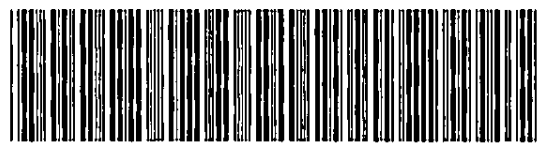
(Business Entity Name)

(Document Number)

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

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04/20/20--01015--007 \*\*125.00

SECRETARY OF STATE  
CORPORATION DIVISION

APR 20 PM 2:23

FILED

APR 23 2020  
T. L. HUX

## Gammell, Ross & Hoshor, LLC

7925 Paragon Road, Suite 101

Dayton, OH 45459

Telephone (937) 433-4090

Fax (937) 433-1510

Jeffrey W. Gammell  
Anne E. Ross  
Peter B. Hoshor

April 17, 2020

Florida Department of State  
Division of Corporations  
Registration Section  
PO Box 6327  
Tallahassee, FL 32314

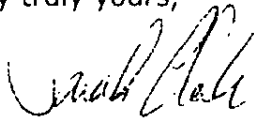
RE: 17891 Eglantine, LLC  
Foreign Corporation

Dear Sir/Madam;

Enclosed for filing is the *Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida* for 17891 Eglantine, LLC, an Ohio Limited Liability Company.

If you have any questions or concerns about this letter or its enclosures, please feel free to contact our office.

Very truly yours,



Sarah Clark  
Legal Assistant

Enc.



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

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

1. 17891 Eglantine, 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. 9530 Cutlers Trace  
(Street Address of Principal Office)  
Dayton, Ohio 45458

6. 9530 Cutlers Trace  
(Mailing Address)  
Dayton, Ohio 45458

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

Name: Nancy Foret

Office Address: 17901 Eglantine Lane

Ft. Myers Beach, Florida 33931  
(City) (Zip code)

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APR 20 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Nancy Foret  
(Registered agent's signature)

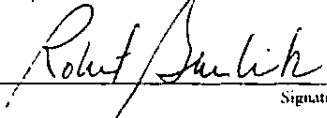
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Robert Garbrick	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 9530 Cutlers Trace	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	Dayton, Ohio 45458	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Rebecca Glaser	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 9530 Cutlers Trace	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	Dayton, Ohio 45458	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

  
 \_\_\_\_\_  
 Signature of an authorized person  
 Robert Garbrick  
 \_\_\_\_\_  
 Typed or printed name of signer



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
04/01/2020	202009201354	DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG (LCP)	99.00	0.00	0.00	0.00

**Receipt**

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

SARAH L CLARK  
7925 PARAGON ROAD  
DAYTON, OH 45459

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose  
4455539**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**17891 EGLANTINE, LLC**

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

Document(s)

**DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG**  
Effective Date: 04/01/2020

Document No(s):

**202009201354**



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  
1st day of April, A.D. 2020.

*Frank LaRose*  
**Ohio Secretary of State**



Fri Apr 17 2020

Entity#: 4455539  
 Filing Type: DOMESTIC LIMITED LIABILITY COMPANY  
 Original Filing Date: 04/01/2020  
 Location: ---  
 Business Name: 17891 EGLANTINE, LLC  
 Status: Active  
 Exp. Date: -

## Agent/Registrant Information

ROBERT GARBRICK  
 9530 CUTLERS TRACE  
 DAYTON OH 45458  
 04/01/2020  
 Active

## Filings

Filing Type	Date of Filing	Document ID
ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.	04/01/2020	202009201354

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

*I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that this is a list of all records approved on this business entity and in the custody of the Secretary of State.*



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 17th of April, A.D. 2020*

Ohio Secretary of State