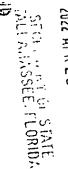
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Name:	OEConn	ection LLC	
Document #:			
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Thank you!

COVER LETTER

* 1 F 1

TO:	Registration Section Division of Corporations				
SUBJE	OEConnection LLC				
		Name of Limited Liability Company			
The enc Existence	losed "Application by Foreign Limited ee, and check are submitted to register	d Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida.			
Please n	cturn all correspondence concerning th	his matter to the following:			
	Rebecca Smith				
		Name of Person			
	OEConnection LLC				
		Firm/Company			
	4205 Highlander Parkway				
Address					
	Richfield/OH 44286				
		City/State and Zip Code			
	rebecca.smith@oeconnection				
	E-mail add	dress: (to be used for future annual report notification)			
For furt	her information concerning this matte	er, please call:			
	Rebecca Smith	330 6357451 at ()			
	Name of Contact P	The state of the s			
	Mailing Address: Registration Section	Street Address: Registration Section			
Division of Corporations		Division of Corporations			
	P.O. Box 6327	The Centre of Tallahassee			
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	□ \$125.00 Filing Fee \$130.6	og amount: ORIDA DEPARTMENT OF STATE 00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy			

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ame adopted for the purpose of transacting business in l	ACRES 110 SECTION COMM REAL ACCORD	nining Lizarinity Company, Little, or	"LLC.
Delaware		34-1950101 3.		
(Jurisdiction under the law of w	nich foreign limited liability company is organized)	3	FEI number, if applicable)	_
	(Date first transacted business in Florida, if prior b (See sections 605,0904 & 605,0905, F.S. to deter	o registration.)		
4205 Highlander Parkv	•	4205 Highlander Pari	kway	
eet Address of Principal Office)		(Mailing Address)		_
Richfield, OH		Richfield, OH		_
44286		44286		
Name and street address	es of Florida registered agent: (P.O. Bo	x NOT acceptable)	2022 APR 20 STANL AND SEE FALL AND SEE	- i- i-
Office Address:	1200 South Pine Island Road		AH 10: OF STA ELFLOR	_
	Plantation	333 , Florida	24 5 5	
	(City)	(7i	p code)	

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: Name and Address: Title or Capacity: Christopher Chapman Rebecca Smith Name: ☐Manager ☐Manager 4205 Highlander Parkway 4205 Highlander Parkway Address: ☐ Member □Member Richfield, OH 44286 Richfield, OH 44286 Authorized Authorized Person Person Other____ □Other_ □Other ______ ()ther Raffaela Montemarano Name: ☐Manager Name: ______ □ Manager 4205 Highlander Parkway Address: Address: ______ □Member □Member Richfield, OH 44286 ☐ Authorized

■ Authorized

Person

Other__

□Manager

□Member

□Authorized		□Authorized			
Person		Person			
□Other	Other	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.					

□Other _____

Name: _____

Address: ______

Person

☐Other____

□ Manager

☐ Member

Other____

Name: ______

Address:

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.

Terrative of an authorized person Rebecca Smith Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OECONNECTION LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTIETH DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Authentication: 203223028

Date: 04-20-22