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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

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

Email Address: sheisler@iscribemd.com

SECRETARY OF STATE
TALLAHASSEE, FL
2023 OCT -2 PM 3:23
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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
ISCRIBEMD LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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

IN COMPLIANCE WITH SECTION 605.0912, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Iscribemd LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. OHIO 3. 800725871 (Jurisdiction under the law of which foreign limited liability company is organized) (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 privity liability)

5. 5923 Renaissance Place PO Box 351357 (Street Address of Principal Office) (Mailing Address) Toledo, OH 43523 Toledo, OH 43623

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

Name: C T Corporation System Office Address: 1200 South Pine Island Road Plantation, Florida 33324 (City) (Zip code)

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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.

By: C T Corporation System (Registered agent's signature) Kaity Toon, Asst. Secretary

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 checked="" type="checkbox"/> Manager	Name: <u>Marsha Cushman</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Jennifer Manuszynski</u>
<input type="checkbox"/> Member	Address: <u>26767 Mohawk Dr.</u>	<input type="checkbox"/> Member	Address: <u>14951 Stonehaven Dr.</u>
<input type="checkbox"/> Authorized Person	<u>Perrysburg, Oh 43551</u>	<input type="checkbox"/> Authorized Person	<u>Perrysburg, OH 43551</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Justin Pollock</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Monish Sharma</u>
<input type="checkbox"/> Member	Address: <u>9110 Turk Rd.</u>	<input type="checkbox"/> Member	Address: <u>2115 Lakeshore Dr.</u>
<input type="checkbox"/> Authorized Person	<u>Ottawa Lake, MI 49267</u>	<input type="checkbox"/> Authorized Person	<u>Commerce, MI 48382</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Jessica Wilson-Sobh</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Shawna Heisler</u>
<input type="checkbox"/> Member	Address: <u>9132 Beautiful La</u>	<input type="checkbox"/> Member	Address: <u>5923 Renaissance Place</u>
<input type="checkbox"/> Authorized Person	<u>Sylvania, OH 43560</u>	<input type="checkbox"/> Authorized Person	<u>Toledo, OH 43623</u>
<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.

Shawna Heisler

Signature of an authorized person:

Shawna Heisler

Type d or printed name of signer

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 ISCRIBEMD, LLC, an Ohio Limited Liability Company, Registration Number 2024283, was organized in the State of Ohio on June 1, 2011, 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 29th day of September, A.D. 2023.

A handwritten signature in black ink that reads "Frank LaRose".

Ohio Secretary of State

Validation Number: 202327204320