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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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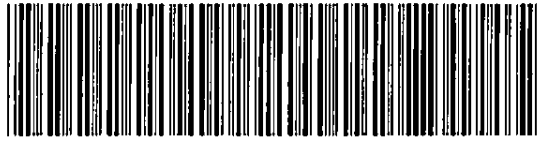
(Business Entity Name)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Yormick Law 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:

Jon P. Yormick
Name of Person
Yormick Law LLC
Firm/Company
5900 Landerbrook Drive -Suite 205
Address
Cleveland, OH 44124
City/State and Zip Code
jon@yormicklaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jon P. Yormick at (216) 269.5138
Name of Contact Person Area Code Daytime Telephone Number

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. Yormick Law 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. OH (Jurisdiction under the law of which foreign limited liability company is organized)
3. 88-4314244 (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. 501 E. Las Olas Blvd. - Suite 300 (Street Address of Principal Office)
6. Same as Principal Office (Mailing Address)
Fort Lauderdale, FL 33301

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

Name: Pavit Arora
Office Address: 724 NE 15 Ave. - Apt. 2
Fort Lauderdale, Florida 33304
(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.

Pavit Arora
(Registered agent's signature)

Pavit Arora

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: Jon P. Yormick
 Member Address: 5900 Landerbrook Drive
 Authorized Suite 205
 Cleveland, OH 44124
 Person _____
 Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: Pavit Arora
 Member Address: 501 E. Las Olas Boulevard
 Authorized Suite 300
 Fort Lauderdale, FL 33301
 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.

 _____
 Managing Member

Signature of an authorized person

Jon P. Yormick

 Typed or printed name of signer






FL Foreign LLC Form_20mar24

Final Audit Report

2024-03-20

Created:	2024-03-20
By:	Jon Yormick (jon@yormicklaw.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAH7VfRW5g_h2rCbH8JqiPXI22ISyfl9A

"FL Foreign LLC Form_20mar24" History

-  Document created by Jon Yormick (jon@yormicklaw.com)
2024-03-20 - 3:38:18 PM GMT
-  Document emailed to Pavit Arora (parora@yormicklaw.com) for signature
2024-03-20 - 3:38:22 PM GMT
-  Email viewed by Pavit Arora (parora@yormicklaw.com)
2024-03-20 - 3:38:53 PM GMT
-  Document e-signed by Pavit Arora (parora@yormicklaw.com)
Signature Date: 2024-03-20 - 3:41:59 PM GMT - Time Source: server
-  Agreement completed.
2024-03-20 - 3:41:59 PM GMT

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 YORMICK LAW LLC, an Ohio Limited Liability Company, Registration Number 4951837, was organized in the State of Ohio on December 1, 2022, 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 20th day of March, A.D. 2024.

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

Ohio Secretary of State

Validation Number: 202408000920