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(Address)					
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(City/State/Zip/Phone #)					
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: SUPETY HR, Inc. Name of corporation - must i	nclude suffix	
Dear S	ir or Madam:		
"Certif	closed "Application by Foreign Corporation for Authoriz icate of Existence," or "Certificate of Good Standing" ar referenced foreign corporation to transact business in Flo	d check are submitted	
Please	Frank Balogh Name of Person	ollowing:	
	SUrety HR, Inc.		
28	605 Ranney Parkway		
	Westlake, OH 44145 City/State and Zip co	ad a	
	FBalogh @ Suretyhr. Com E-mail address: (to be used for future		tion)
For fur	ther information concerning this matter, please call:	·	
Fra	Name of Person at (440 Area Code)	49 - 5292 XI Daytime Telephone N	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRE Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	ions
Please n		Filing Fee & Sed Copy	87.50 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. SUrety HR, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated)

3. 82-1875780

(FEI number (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Name: 7901 4th St N STE 300 Office Address: St. Petersburg . Florida 33702 City) (Zip code) (City) 9. Registered agent's acceptance: Having been named us registered agent and to accept service of process for the above stated corporation 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. Registered Agents Inc. Registered Agents Inc.
Bill Havre - Assistant Secretary

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A' DIRECTORS	· · · · · · · · · · · · · · · · · · ·					
□Chairman	Name: JOSEPH SPOONEY	□ Chairman	Name: JOSEPH GAIL			
□Vice Chairman	Address:WOCK ♥	☐ Vice Chairman	Address: 328 Weston Hall Dr.			
□Director	28605 Ranney PKWY	□Director	JUMMerville, 3C			
President	Westlake, OH 44145	□President	29483			
Nome - 19 □Vice President	Westlake, OH 44145 691 5. Jayamore Rd. Fourview Park, OH 44126	□Vice President				
□Secretary	□Treasurer	□Secretary	□Treasurer			
□Other	□Other	Other CFO	Other			
□ Chairman	Name: Frank Balogh		Name: <u>Nathan Kenney</u>			
□Vice Chairman	Address: 32164 HICKORY Ln.	□Vice Chairman	Address: 6276 MYTTLE HILL Rd.			
□Director	Avon Lake, OH	□Director	valley City, OH			
□President	44012	□President	44280			
Vice President		□Vice President				
Secretary	□Treasurer	□ Secretary	□Treasurer			
□Other	□Other	Other COC)Other			
	Name: Todd Kereszturi		Name: Laraine Catalusci			
	Address: <u>lold whipporwill</u>	∏Vice Chairman	Address: 4296 Beniley Dr.			
Director	LYCLODWOITH, OH_	□Director	North Olmsted, OH			
□President	44781	□President	44070 %			
□Vice President		□Vice President				
Secretary	☐ Treasurer	Secretary	□Treasurer =			
□Other		Sother COU	Ol Color C			
	Use an attachment to report more than six (6). The attach added to the index when filing your Florida Departmen					
Signature of Director or Officer						
	ctor signing this document tand who is listed in number dse information submitted in a document to the Departn					

13. Frank Balogn - Vice President of Payroll (Typed or printed name and capacity of person signing application)

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 SURETY HR, INC., an Ohio corporation, Charter No. 4037336, having its principal location in Westlake, County of Cuyahoga, was incorporated on June 7, 2017 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 29th day of July, A.D. 2020.

Ohio Secretary of State

03:11!!

Validation Number: 202021105330



August 18, 2020

FRANK BALOGH 28605 RANNEY PKWY WESTLAKE, OH 44145 US

SUBJECT: SURETY HR, INC. Ref. Number: W20000091234

We have received your document for SURETY HR, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Sharon D Franklin Regulatory Specialist II

Letter Number: 420A00015735

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