

F23000002739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

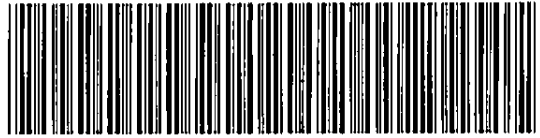
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2023 APR 28 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FL

[Handwritten signature]

CP

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEESAW WYNWOOD, 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:

ROBERT A. RUTTER
Name of Person

RUTTER & RUSSIN
Firm/Company

4700 ROCKSIDE ROAD
Address

INDIANLAND, OHIO 44131
City/State and Zip Code

BOBBY@FORWARDHG.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT RUTTER at (216) 308-1113
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. SEESAW WYNWOOD, 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. 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. 9453 RAVENNA ROAD
(Street Address of Principal Office)

6. 239 NW 28TH ST.
(Mailing Address)

TWINSBURG, OHIO 45087

MIAMI, FL 33127

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

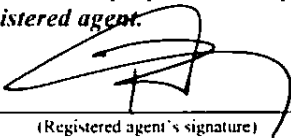
Name: ROBERT RUTAN

Office Address: 239 NW 28TH ST.

MIAMI, Florida 33127
(City) (Zip code)

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.


(Registered agent's signature)

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2023 APR 28 PM 3:34
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TALLAHASSEE, FL

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: ROBERT RUTTER

☐ Member Address: 4401 CLIFFVIEW DR

☐ Authorized INDEPENDENCE, OH 44131

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: RAMSAM SALLY

☒ Member Address: 239 NW 28th St

☐ Authorized MIAMI, FL 33127

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 _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

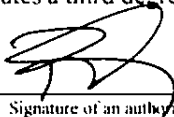
Person _____

☐ 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.



Signature of an authorized person

ROBERT RUTTER

Typed or printed name of signee



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
08/05/2021	202121702962	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.

DUBYAK NELSON, LLC
6105 PARKLAND BOULEVARD
SUITE 200
MAYFIELD HEIGHTS, OH 44124

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Frank LaRose
4725031

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
SEESAW WYNWOOD LLC

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

Document(s)
DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG
Effective Date: 08/05/2021

Document No(s):
202121702962



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
5th day of August, A.D. 2021.


Ohio Secretary of State