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2005 JUN 20 A 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W05000028238

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Full-ON MANAGEMENT, 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:

DAVE A. BAKER
(Name of Person)

Full-ON MANAGEMENT, LLC
(Firm/Company)

5003 BATTANY DRIVE South, #
(Address)

St. Petersburg, FL 33715
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVE BAKER at (614) 638 0148
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 13, 2005

Diane Cushing
Document Specialist
Florida Department of State
PO Box 6327
Tallahassee, FL 32314

Ms. Cushing;

Enclosed is the revised Application.

Please let me know if there is anything else you may require.

A handwritten signature in black ink, appearing to be 'Dale Baker', with a long, sweeping horizontal stroke extending to the right.

Dale Baker

SOC-R



CORPORATION

PO Box 530146, St Petersburg, FL USA 33747-0146

Tel: 727.867.6666, Fax: 727.866.8846

Web site: www.scentoff.com, Email: info@scentoff.com

REQUEST FORM

To order additional "The Pet Owner's Guide To Toxic Plants" brochures/posters, product brochure/price list or a free sample of the Scent-off product, please complete this form and fax or mail it. You may also email us; please include all information. (There is no charge for the brochures or posters.)

Name _____

Business Name _____

Nature of Business _____

Address _____

City _____ State _____ Zip _____

Tel _____

Fax _____

Email _____

ITEM	QUANTITY		
The Pet Owner's Guide To Toxic Plants Brochures/Posters	<input type="checkbox"/> 25	<input type="checkbox"/> 50	<input type="checkbox"/> 100
Scent-off Product Brochure/Price List	<input type="checkbox"/> 1		
Free Sample of Scent-off Aroma Pods	<input type="checkbox"/> 1		

- ☐ I would like information about selling Scent-off products.
- ☐ I would like to have our facilities listed on the Scent-off Web site as a source for Toxic Plant Brochures.
- ☐ I would like to have our facilities listed on the Scent-off Web site as a source for Scent-off Pet & Plant Protectors.



*Creating an environment where pets
and nature can exist together.*



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 8, 2005

DALE A. BAKER
FULL-ON MANAGEMENT, LLC
5003 BRITTANY DRIVE SOUTH, #3
ST PETERSBURG, FL 33715

SUBJECT: FULL-ON MANAGEMENT, LLC
Ref. Number: W05000028238

We have received your document for FULL-ON MANAGEMENT, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

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) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 105A00040081

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Full-on Management, LLC
(Name of Foreign Limited Liability Company)

2. State of Delaware 3. 20-2319449
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/20/04 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 5003 BATTERY DRIVE S #3
ST PETERS BURG FLORIDA 33715
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:
DALE BAKER - 5003 BATTERY DR S#3 ST PETERS BURG, FL 33715

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: ARTIST MANAGEMENT,
APPAREL SALES, JEWELRY ACCESSORIES MANUFACTURING/SALES.

[Signature]
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DALE A BAKER
Typed or printed name of signer

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2005 JUN 20 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION

PO Box 530146, St Petersburg, FL USA 33747-0146

Tel: 727.867.6666, Fax: 727.866.8846

Web site: www.scentoff.com, Email: info@scentoff.com

REQUEST FORM

*To order additional "The Pet Owner's Guide To Toxic Plants"
brochures/posters, product brochure/price list or a free sample of the Scent-off product,
please complete this form and fax or mail it. You may also email us; please include all information.
(There is no charge for the brochures or posters.)*

Name _____

Business Name _____

Nature of Business _____

Address _____

City _____ State _____ Zip _____

Tel _____

Fax _____

Email _____

ITEM	QUANTITY		
The Pet Owner's Guide To Toxic Plants Brochures/Posters	<input type="checkbox"/> 25	<input type="checkbox"/> 50	<input type="checkbox"/> 100
Scent-off Product Brochure/Price List	<input type="checkbox"/> 1		
Free Sample of Scent-off Aroma Pods	<input type="checkbox"/> 1		

- ☐ *I would like information about selling Scent-off products.*
- ☐ *I would like to have our facilities listed on the Scent-off Web site as a source for Toxic Plant Brochures.*
- ☐ *I would like to have our facilities listed on the Scent-off Web site as a source for Scent-off Pet & Plant Protectors.*



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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

FULL-ON MANAGEMENT, LLC.

2. The name and the Florida street address of the registered agent and office are:

DALE BAKER
(Name)

5003 BRITTANY DR S, #3
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

St. Petersburg FL 33715
City/State/Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

[Signature]
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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FLORIDA

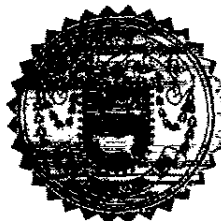
Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FULL-ON MANAGEMENT, 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 MAY, A.D. 2005.

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2005 JUN 20 A 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3899714 8300

050361742

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3895948

DATE: 05-20-05