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| (Re                     | equestor's Name)  |             |  |
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| PICK-UP                 | ☐ WAIT            | MAIL        |  |
| (Bu                     | usiness Entity Na | me)         |  |
| (Document Number)       |                   |             |  |
| Certified Copies        | _ Certificate:    | s of Status |  |
| Special Instructions to | Filing Officer:   |             |  |
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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

| SUBJECT: LAZARUS LEALTY 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:  |
| Thomas J. ASSAO  Name of Person  |
| LAZARUS KEALTY CCC Firm/Company  |
| 872 HAMPTON RIDGE DR.  |
| AKRON, Ohio 44313  City/State and Zip Code   |
| City/State and Zip Code  |
| TASSAD2 @ VALOD Com  E-mail address: (to be used for future annual report notification)  |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
|  |
| Name of Contact Person Area Code Daytime Telephone Number,   |
| Name of Contact Person Area Code Daytime Telephone Number  |
| MAILING ADDRESS: STREET ADDRESS:   |
| Division of Corporations Division of Corporations  |
| Registration Section Registration Section  |
| P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301  |
| Employed is a shook for the following amount:  |
| Enclosed is a check for the following amount:  \$\sum \frac{1}{2}\$125.00 Filing Fee \$\sum \frac{1}{2}\$130.00 Filing Fee & \$\sum \frac{1}{2}\$155.00 Filing Fee & \$\sum \frac{1}{2}\$160.00 Filing Fee, Certificate Certificate 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. HZAQU  | reign Limited Liability Company; must include "Limited Liability Company,"  | ""]   |
|---|---|---|
|   |   |   |
| If name unavailable enter                           | AND 9- REAL ESTATE SALES 64 alternate name adopted for the purpose of transacting business in Florida. The  | e alternate name must include "Limited  |
| iability Company," "L.L.C                           | C," or "LLC.")  |   |
| Dhin  | 3 20-50534  | 'a 9  |
| (Jurisdiction under the la<br>company is organized) | aw of which foreign limited liability  3. 20-50534  (FEI num  | ber, if applicable)   |
| company is organized)                               |   |   |
| ł   | (Date first transacted business in Florida, if prior to registration.)  |   |
|   | (See sections 605.0904 & 605.0905, F.S. to determine penalty liability  | ty)   |
|   |   |   |
|   | ·   | Charles Charles   |
| 3714  | S.E. 12th AUG. # 2044 (Street Address of Principal Office)  CORAL, FL 33804   |   |
| •   | (Street Address of Principal Office)  |   |
| . CAPE  | CORAL, FL 33904   |   |
| •   |   |   |
| <del> </del>  | (Mailing Address)   | <u> </u>  |
|   | (Muring Addices)  |   |
| 7. The name, title o                                | or capacity and address of the person(s) who has/have auth-   | ority to manage is/are:   |
| -1  | - A   |   |
| 1 homa  | S J. ASSAD - PRINCIPAL/   | BROKER  |
|   |   |   |
|   |   | · ···   |
|   | •   |   |
|   |   | · · · · · · · · · · · · · · · · · · ·   |
|   | ginal certificate of existence, no more than 90 days old, du  |   |
|   | cords in the jurisdiction under the law of which it is organ  |   |
|   | rtificate is in a foreign language, a translation of the certific   | cate under oath of the translator   |
| nust be submitted)                                  |   |   |
|   |   |   |
| `   | I han flow  |   |
|   | Signature of an authorized person   |   |
| n aware that any false inform                       | 95.0203, F.S., the execution of this document constitutes an affirmation under the penalisation submitted in a document to the Department of State constitutes a third degree fel | lities of perjury that the facts stated herein are true. I lony as provided for in s.817.155, F.S.) |
|   | The Thirt   |   |
|   | Thomas J. Assap  Typed or printed name of signee  |   |
|   | i ypea or printed name of signee  |   |

### WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

| We, the undersigned, do hereby certify that we are the Managers and/or  | Managing               |                                    |
|---|------------------------|------------------------------------|
| Members of <u>LAZARUS</u> <u>REALTY</u> <u>LLC</u> (Name of Limited Liability Company)  | ,                      |                                    |
| (Name of Limited Liability Company)   |                        |                                    |
| a limited liability company duly organized and existing under the laws or   | f                      |                                    |
| (State or Country of Organization)  |                        |                                    |
| Because the name of this foreign limited liability company does not satisf  | fy the                 |                                    |
| requirements of the s. 608.406, F.S., the limited liability company hereby  | adopts the             |                                    |
| following name to transact business in the state of Florida:  |                        |                                    |
| FLOKING LAND 9 REAL ESTATE SALES (Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Company, L.L.C., or LLC.) | LLe.                   |                                    |
| Date: 8/14/14   |                        |                                    |
| Signature(s) of Manager(s) and/or Managing Member(s):   | 2014 AUG               | e Taraka                           |
| 11/ = 1   | 355<br>751<br><b>8</b> |                                    |
| Chorage J. ASSAD  | <u> </u>               |                                    |
|   | 9 <del>7.</del> 6.     | ئۇرىيىيەد<br>ئۇر <sub>ىيىد</sub> ۇ |
|   | F F                    |                                    |
|   |                        |                                    |
|   |                        |                                    |
|   | <del></del>            |                                    |
|   |                        |                                    |
|   | ····                   |                                    |
|   |                        |                                    |

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| LAZAKUS REALTY L-C   |
|--|
| /  |
| If unavailable, the alternate to be used in the state of Florida is: |
| FLORING LAND & REAL ESTATE SALES LLC                                 |

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

1. The name of the Limited Liability Company is:

| Jhomas J. ASSAD (Name)   | 22      |
|--|---------|
| 3714 SE 12th AVE, # 204 A Florida Street Address (P.O. Box NOT ACCEPTABLE) | AUG 1-8 |
| CAPE COXAL, FL 33904<br>City/State/Zip                                     | A D. F. |

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 605, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, 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 LAZARUS REALTY LLC, an Ohio Limited Liability Company, Registration Number 1628593, was organized within the State of Ohio on June 8, 2006, 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 14th day of August, A.D. 2014.

**Ohio Secretary of State** 

a Hustel

Validation Number: 201422600369