14000067902

(Requestor's Name)					
(Address)					
(Address)					
,					
(City/Chata (Zin/Dhana 4))					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(Cooding)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



500264718425

09/30/14--01028--008 **125.00

14 OCT 30 AM II: 42
SECRETARY OF STATE
TALLAMASSEE FLORIDA

1 81 1 3 1 3014



October 7, 2014

JOHN DEPIZZO JR 611 MOURNING DOVE DR SARASOTA, FL 34236

SUBJECT: AUTUMN OF SARASOTA, LLC

Ref. Number: W14000060807

We have received your document for AUTUMN OF SARASOTA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 514A00021353

COVER LETTER

SUBJECT:	Autumn of Sara		
	Na.	me of Limited Liability Company	у
			ation to Transact Business in Florida," Certificate of ited liability company to transact business in Florida.
Please return	all correspondence concerning this n	natter to the following:	
	John A. DePizz	zo, Jr.	
		Name of Person	
		Firm (Common of the Common of	
		Firm/Company	
	611 Mourning	Dove Drive	
		Address	
	Sarasota, FL 3	4236	
		City/State and Zip Code	
	Jad725@aol.co	om	
	E-mail addres	ss: (to be used for future annual n	eport notification)
For further in	nformation concerning this matter, ple	ease call:	
Р	amela Hafer	_{at (} 216	928-2919 Daytime Telephone Number
	Name of Contact Person	Area Code	: Daytime Telephone Number
Divi Reg P.O.	AILING ADDRESS: ision of Corporations gistration Section beta Box 6327 lahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center C Tallahassee, FL 32301	
	s a check for the following amo \$125.00 Filing Fee \$130.00 Fil Certificate	ing Fee & 🔲 \$155.00 Fili	-

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. Autumn of Sarasota, 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 "Limit Liability Company," "L.L.C," or "LLC.")	ted
_{2.} OHIO _{3.} 46-214803	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. August 22, 2014	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 3251 Proctor Road	
Sarasota, FL 34231	
(Street Address of Principal Office)	
6. 3251 Proctor Road	
Sarasota, FL 34231	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to managecis/are:	
John A. DePizzo, Jr., Member	er u
611 Mourning Dove Drive	i g Mark
Sarasota, FL 34236	The state of the s
77. 14 - 1	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the office	cial
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 translation	lator
signature of an authorized person	
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein 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.)	n are true. I
John A. DePizzo, Jr. , Member	

Typed or printed name of signee

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.

	of the Limited Liability Co	•		
If unavailable	e, the alternate to be used in	n the state of Florida is:		
2. The name	and the Florida street add	ress of the registered agent and office are	:	
	John A. DePi	zzo, Jr.		
		(Name)		
	611 Mourning Drive		TAE T	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		+ OCT	٠.
	Sarasota	FL 34236	T 30 FASS	i arei Parei
		City/State/Zip	AM III	program E d change
liability comp	oany at the place designated	and to accept service of process for the ald in this certificate, I hereby accept the ap	ppointment as	d
statutes relati	ing to the proper and comp	capacity. I further agree to comply with a lete performance of my duties, and I am fo registered agent as provided for in Chapt	amiliar with and	all
Statutes.	M	(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 AUTUMN OF SARASOTA, LLC, an Ohio For Profit Limited Liability Company, Registration No. 2170583, was organized within the State of Ohio on February 01, 2013, is currently in FULL FORCE AND EFFECT upon the records of this office.

14 OCT 30 AM II: 42
SECRETARY OF STATE



Ohio Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 22nd day of October, A.D. 2014.