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(Re	equestor's Name)				
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Nam	e)			
(Do	ocument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
	Office Use Only	,			

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T. BROWN

COVER LETTER

TO:	Registration Section
	Division of Corporations

6TOME, LLC

Name of Limited Liability Company

The enclosed ". tificate of Existence, and in Florida..

			to Transact Business in Florida," Certific liability company to transact business in Fl			
Please return all correspondence	concerning this matter to the	following:				
Robert	J. Bux					
	N	ame of Person				
William	Williams and Batchelder, LLP					
Al-May May Age Alex Alex Serve dear Stand was remain	F	rm/Company				
105 W	est Liberty St	reet				
		Address	•			
Medina	a, OH 44256					
	City/S	tate and Zip Code				
<u>_mpmizerak</u>	@yahoo.com E-mail address: (to be used	I for future annual report	notification)			
For further information concerni	ng this matter, please call:					
Robert J. I	Bux	330 ·	725-6666 Daytime Telephone Number			
Name	of Contact Person	Area Code	Daytime Telephone Number			
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	ns Divisio Registr Clifton 2661 E.	CT ADDRESS: n of Corporations ation Section Building secutive Center Circle ssee, FL 32301				
Enclosed is a check for the ☐ \$125.00 Filing Fee	following amount: \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing For Certified Copy	ee & \$\Bigsiz\$ \$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:

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
(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 3. 47–1924232
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
No business prior to registration.
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 17474 West 130th Street
Strongsville, OH 44136
(Street Address of Principal Office) 6. 17474 West 130th Street
Strongsville, OH 44136
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Maureen A. Mizerak, President
17474 West 130th Street
Strongsville, OH 44136
8. 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)
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 are true 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.)
Maureen A. Mizerak

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.

1. The name of	the Limited Liability Company is:	
6TOME, I	LC	
If unavailable, t	he alternate to be used in the state of Florida is:	
2. The name an	d the Florida street address of the registered agent and office are:	ATTER STATE
	LINDA FANNING (Name)	Pall 12
	6992 Awana Court Florida Street Address (P.O. Box NOT ACCEPTABLE)	- ORIGINAL TO THE PROPERTY OF
	North Port, FL 34287 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 605, Florida Statutes.

LINDA FANNING (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 6TOME, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2312083, was organized within the State of Ohio on July 18, 2014, 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 15th day of January, A.D. 2015.

Ohio Secretary of State

Validation Number: 201501500276