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PICK-UP WAIT MAIL					
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K.SALY EXAMINER MAY 13 2015



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 6, 2015

MCSHERRY & CO., LPA JAMES C. MCSHERRY, ESQ. 529 E WASHINGTON ST, STE. 200 CHAGRIN FALLS, OH 44022

SUBJECT: THE 501 LLC Ref. Number: W15000023662

We have received your document for THE 501 LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P09000083361 "THE 501 COMPANY, INC".

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) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 915A00006799

COVER LETTER

SUBJECT:	The 501		of Limited	Liability Company			-
Th14	84 1' .' 1 B				_		
Existence, an	d check are submitte	eign Limited Liabil d to register the abo	ove refere	any for Authorization and foreign limited	on to Tra d liability	ansact Business in Florida y company to transact bus	i," Certificate of siness in Florida
Please return	all correspondence c	oncerning this matt	ter to the f	following:			
	James	C. McSh	erry,	Esq.			
	- 		Naı	me of Person			-
McSherry & Co., LPA							
			Fin	m/Company			-
	529 East Washington Street, Suite 200						
			-	Address			-
	Chagrin	Falls, O	hio 4	14022			
			City/Sta	te and Zip Code			-
	jmcsher	ry@mcsl	herry	/law.com			
		_	_	for future annual repo		ation)	_
For further in	formation concerning	this matter, please	call;				
Ja	ames C. M	1cSherry		_at ()	247	'-7800	
	Name of	Contact Person		Area Code	Day	vtime Telephone Number	_
Divis Regi P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 shassee, FL 32314		Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding secutive Center Circl see, FL 32301	e		
	a check for the fo	ollowing amount \$130.00 Filing Certificate of Si	Fee &	□ \$155.00 Filing Certified Copy		□ \$160.00 Filing Fee, O	

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. The 501, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
The 501 of Ohio, 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. 36-4784130
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5 20040 Gulf Boulevard, Unit 501
Indian Shores, Florida 33785
(Street Address of Principal Office)
Aurora, Ohio 44202 (Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Mary J. Cwalinski, Managing Member
261 Tinkers Trail
Aurora, Ohio 44202
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, are 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.)
Mary J. Cwalinski

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	of the Limited Liability Comp	pany is:			
The 501	LLC,	_			
•	the alternate to be used in the	ne state of Florida is:			
2. The name a	and the Florida street address	of the registered agent and office are:	_		
	Mary J. Cwaling	ski	2015 HAY		
	- R T				
	Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	Indian Shores	33785 FL	6:18		
		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.

(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 THE 501 LLC, an Ohio For Profit Limited Liability Company, Registration Number 2277386, was organized within the State of Ohio on March 13, 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 9th day of March, A.D. 2015.



Ohio Secretary of State

Validation Number: 201506800017