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> OCT 3 0 2015 D. BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 8, 2015

MATTHEW HAND 10113 KINGSHYRE WAY TAMPA, FL 33647

SUBJECT: MATTHEW HAND ENTERPRISES, LLC

Ref. Number: W15000066894

SEURETARY OF STATE

We have received your document for MATTHEW HAND ENTERPRISES, ⊈C and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$777.50.

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 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.

Deborah Bruce Regulatory Specialist II

Letter Number: 515A00021305

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COVER LETTER

TO:	Registration Section División of Corporation	ns						
SUBJI	Matthew Hand Ente	rprises, LLC						
		Name of I	Limited Liability Compa	ny	·			
		eign Limited Liability Comp d to register the above refere						
Please	return all correspondence of	concerning this matter to the	following:					
	Matthew Hand							
Name of Person								
	Matthew Hand	Enterprisses, LLC						
	Firm/Company							
	10113 Kingshy	re Way						
	Address							
	Tampa, FL 336	47			2015 (SEC) TALL/	· • • • • • • • • • • • • • • • • • • •		
		City/Si	tate and Zip Code		KI CI			
	matthew_hand@	us.aflac.com			29 SSEE	177 177		
		E-mail address: (to be used	for future annual report	t notification)	- " TO	Ö		
For fur	ther information concerning	g this matter, please call:			2: 24 STATE LORID			
	Matthew Hand		937 477 at ()	7-4058	> -			
	Name o	f Contact Person	Area Code	Daytime Telep	hone Number			
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	<u>STR</u> Divis Regis Clifte 2661 Talla						
Enclos	ed is a check for the follow \$125.00 Filing Fee	ring amount: \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee Certified Copy		00 Filing Fee, C & Certified Co			

To whom it may concern:

My name is Matthew Hand and I am in the process of applying for my Florida Business License. We had a little bit of confusion in regards to the date we needed to record for question 4. My Accountant called and spoke with Ms. Bruce. Ms. Bruce instructed me to send a letter of explanation as to what is really happening. I started with Aflac in 2007 in Ohio. As an insurance agent, I am not required to be incorporated. We are just contracted 1099's with Aflac. However, I made a decision to incorporate this year. My Accountant is located in Ohio, but he is licensed in Florida as well. By mistake, he applied for my business license in Ohio instead of Florida (I moved to Florida on January 1st, 2013). We then had to apply for a business license in Florida as well. He advised me to use the date that I moved down to Florida as the first date I conducted business as this entity. However, I did challenge his advice as I was not incorporated at that time and I was not required to be incorporated either. I was simply conducting business as a 1099 employee of Aflac. Aflac is still paying me as a 1099 employee of Aflac.

I have made a correction to my application. I have replaced the date with 2-24-15 as this is the date that I mistakenly became incorporated in Ohio instead of Florida. Please advise me if there are any other things I need to do to process this request. I thank you in advance for your assistance with this matter.

Regards,

Matthew Hand

SECRETARY OF STATE.

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:

		### 14 ### L			
f name unavailable, enter a iability Company," "L.L.C,	ternate name adopted for the purpose of transacting business in or "LLC.")	n Florida, The alter	rnate na	me mus	t include "Limited
Ohio	₃ 47-4955616				
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if ap	plicable	:)	· · · · · · · · · · · · · · · · · · ·
, , , , , , , , , , , , , , , , , , , ,	D-24-	15 MRM	,		
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine prior to the sections 605.0904 & 605.0905, F.S. to determine prior to the section of the section of the sec	gistration.) enalty liability)		_	
10113 Kingshyre Way	,			_	
Tampa, FL 33647					
	(Street Address of Principal Office)	· · · · · · · · · · · · · · · · · · ·	i T	23	
10113 Kingshyre Way		·	SEC	2015	*********
Tampa, FL 33647			A REST	130	11
	(Mailing Address)		<u> </u>	20	AMORITA
Name and street address	s of Florida registered agent: (P.O. Box NOT acceptable		4.33 404	J O	M
	Matthew Hand	,		ט	U
Name:			置	2: 2	
	10113 16:		American Property	_	
Office Address:	10113 Kingshyre Way		*	ш.	
Office Address:	Tomps	Florida 33647	>>		
egistered agent's accep	Tampa (City)	Florida 33647 (Zip o	-	_	
degistered agent's accept laving been named as re esignated in this applica o complywith the provision occept the obligations of t	Tampa (City) tance: gistered agent and to accept service of process for the a tion, I hereby accept the appointment as registered agen ons of all statutes relative to the proper and complete pe ny position as registered agent (Registered agent's signature)	(Zip on the control of the control o	ted liab ict in th iy dutie	ility co	acity. I further a
egistered agent's acceptaving been named as resignated in this applicate complywith the provision cept the obligations of the control of the	Tampa (City) tance: gistered agent and to accept service of process for the a tion, I hereby accept the appointment as registered agen ons of all statutes relative to the proper and complete pe my position as registered agent	(Zip on the control of the control o	ted liab ict in th iy dutie	ility co	acity. I further a
egistered agent's acceptaving been named as resignated in this applicate complywith the provision cept the obligations of the control of the	Tampa (City) tance: gistered agent and to accept service of process for the a tion, I hereby accept the appointment as registered agen ons of all statutes relative to the proper and complete pe ny position as registered agent (Registered agent's signature)	(Zip on the control of the control o	ted liab ict in th iy dutie	ility co	acity. I further a
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degistered agent's accept laving been named as re- esignated in this applica ocomplywith the provision occept the obligations of a B. The name, title or capa Matthew Hand, President	Tampa (City) tance: gistered agent and to accept service of process for the a tion, I hereby accept the appointment as registered agen ons of all statutes relative to the proper and complete pe ny position as registered agent (Registered agent's signature)	(Zip on the control of the control o	ted liab ict in th iy dutie	ility co	acity. I further a

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I 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.

Matthew R Hand

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 MATTHEW HAND ENTERPRISES, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2370467, was organized within the State of Ohio on February 24, 2015, 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 22nd day of October, A.D. 2015.

Ohio Secretary of State

Validation Number: 201529501266