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Office Use Only



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## **COVER LETTER**

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TO:

ro:	Registration Section Division of Corporation	s				
erab ti	1035 OLD VENICE	ROAD LLC				
SUBJI	:C1:	Name of I	Limited Liability C	ompany		-
The en Exister	closed "Application by For ace, and check are submitte	eign Limited Liability Comp d to register the above refere	pany for Authorizat enced foreign limite	tion to Trai ed liability	nsact Business in Florida, company to transact busi	" Certificate of ness in Florida
Please	return all correspondence c	oncerning this matter to the	following:			
•		Na	ame of Person			-
	INCORPORAT	ING SERVICES, LTD.				_
		Fi	rm/Company			
			Address			_
	TALLAHASSE	EE, FL 32301				_
		City/S	tate and Zip Code			
	RSTEWART@V	VALTERHAV.COM			- marini	
For fu	ther information concernin	E-mail address: (to be used g this matter, please call:		report noti	fication) LLA JUL -8	- - -
	Name o	of Contact Person	at ( Area Code	_) <u> </u>	time Telephone Number	
	MAILING ADDRESS: Division of Corporations	;		Division	ADDRESS: Corporations	
	Registration Section P.O. Box 6327			Clifton B		
	Tallahassee, FL 32314				cutive Center Circle ee, FL 32301	
Enclos	sed is a check for the follow ☐ \$125.00 Filing Fee	ring amount:  \$\Boxed{\subsets} \text{\$\subsets} \$\	□ \$155.00 Filin	ng Fee &	■ \$160.00 Filing Fee, 0 of Status & Certified Co	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 603.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 1035 OLD VENICE R	OAD LLC		
	ign Limited Liability Company; must include "Limi	ted Liability Company," "L.L.C.," o	r "LLC.")
N/A			
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpose of transacting "or "LLC.")	business in Florida. The alternate na	me must include "Limited
2. ОНЮ	3. N/A		
	of which fereign limited liability	(FEI number, if applicable	e)
N/A			
4	(Date first transacted business in Florida, if	prior to registration.)	-
2 1035 CHERRY HILLS	(See sections 605.0904 & 605.0905, F.S. to de	termine penalty liability)	
5. 1033 CHERRY HILL.	5 DRIVE	······	<del></del>
CANFIELD, OHIO 44	023		<b>7</b> 26
	(Street Address of Principal Office		- Accordance
6. SAME AS PRINCIPAL			
			SS.
	(Mailing Address)	<del></del>	- 8 0
7. Name and street address	is of Florida registered agent: (P.O. Box NOT	acceptable)	
Name:	REGISTERED AGENT SOLUTIONS, INC.		5 <u>3</u> 0
Mane.	155 OFFICE PLAZA DRIVE, SUITE A	<del>· · · · · · · · · · · · · · · · · · · </del>	: 2
Office Address:	133 OFFICE FEAZA DRIVE, SOITE A	<del></del>	F. W
	TALLAHASSEE	, Florida <u>3230</u> 1	_
Registered agent's accep	(City)	(Zip code)	
Having been named as re	gistered agent and to accept service of process	for the above stated limited lial	bility company at the place
	tion, I hereby accept the appointment as regis ons of all statutes relative to the proper and co		
	my position as registered agent,	imprese perjormance of my unite	s, ara r am janatair with an
	500x 100	· ·	
	(Rogistered agent's sig	nature)	_
8. The name, title or cans	acity and address of the person(s) who has/have	authority to manage is/are:	
•	Vice President of DePizzo Enterprises, Inc., th	• •	.ed
<del></del>	nber of 1035 Old Venice Road LLC		
1035 CHERRY HILLS D	RIVE, CANFIELD OH 44023		
9. Attached is a certificate	of existence, no more than 90 days old, duly at	uthenticated by the official having	g custody of records in the
jurisdiction under the law	of which it is organized. (If the certificate is in	a foreign language, a translation	of the certificate under oath
of the translator must be st	ubmitted)		
	1 hours		_
	Signature of an authoriza	person	
This document is executed submitted in a document to	i in accordance with section 605,0203 (1) (b), F the Department of State constitutes a third deg	forida Statutes. I am aware that ar	ny false information
enellines il a gosonioli k	James M. Mackey, Authorized Person/Attorn		ritor dy 1 i.U.
	Typed or printed name of	<u>-                                      </u>	_

## 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 1035 OLD VENICE ROAD LLC, an Ohio For Profit Limited Liability Company, Registration Number 3909061, was organized within the State of Ohio on June 1, 2016, 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 8th day of July, A.D. 2016.

**Ohio Secretary of State** 

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Validation Number: 201619001750