## MIT 000004644

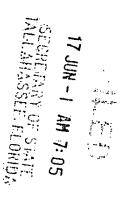
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## **COVER LETTER**

TO:

Registration Section

Divisi	ion of Corporatio	ns				
SUBJECT:	61 HERO	ON, LLC				
Sebuber		Name of	Limited Liability	Company	<del></del>	
					ansact Business in Florida," Certificate y company to transact business in Flor	
Please return a	Il correspondence	concerning this matter to the	following:			
	Adam	M. Runkle				
		N	ame of Person			
	Starke	y Law Firm, L	LC			
		Fi	irm/Company			
	638 W	. Maple Stree	et			
			Address			
	Hartvill	e, OH 44632				
		City/S	tate and Zip Code		<del></del>	
	amr@s	tarkeylawfirm	.com			
		E-mail address: (to be used	d for future annual	report not	tification)	
For further info	ormation concernir	ng this matter, please call:				
Ad	am M. F	Runkle	<sub>at</sub> 330	<mark>,49</mark> 4	-9077	
	Name o	of Contact Person	Area Code	Day	rtime Telephone Number	
Divisi Regist P.O. E	LING ADDRESS: on of Corporation tration Section 30x 6327 nassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle iee, FL 32301	
	heck for the follow 25.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$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:

(If name unavailable, enter alternate of	ame adopted for the purpose of transacting business in	Florida The alternate name must include	"Limited Liability C	ompany""L.L.C." or "LL.C.")
2. Ohio	and suppled for the purpose of units actual ordinoss in		Emilia, Emilia, C	onputy, E.D.O, or EEO.
2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number, if a	pplicable)
4 Has not yet trans	acted business			
<b>4.</b>	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete	to registration.) rmine penalty liability)		_
5, 61 Heron, LLC		6.		
(Street Address of 1 Emerald Lake (	• ,		Mailing Address)	
Palm Coast FL 3				200
raini Coast i E 3	2137			
7 Name and street addres	ss of Florida registered agent: (P.O. Bo	ox NOT accentable)		
	Angela Robinson			S\$ 1
Name:				
Office Address:	1 Emerald Lake Court			
	Palm Coast Florida	, Florida <u>3</u> 2	2137	_ 88 6
Registered agent's accep	(City)		(Zip code)	(D) (1) (S)
to comply with the provis	tion, I hereby accept the appointment ions of all statutes relative to the prop s of my position as registered agent			
to comply with the provis and accept the obligation 8. The name, title or cap	ions of all statutes relative to the prop s of my position as registered agent (Registered agent acity and address of the person(s) who	as registered agent and agreer and complete performance of the complete performance of	e of my dutie.	s, and I am familiar with
to comply with the provis and accept the obligation  8. The name, title or cap. Title or Capacity:	ions of all statutes relative to the props of my position as registered agent  (Registered agent acity and address of the person(s) who Name and Address:	as registered agent and agreer and complete performance	e of my dutie.	
to comply with the provis and accept the obligation 8. The name, title or cap	ions of all statutes relative to the props of my position as registered agent  (Registered agent  acity and address of the person(s) who  Name and Address:  Angela Robinson	as registered agent and agreer and complete performance of the complete performance of	e of my dutie.	s, and I am familiar with
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to comply with the provis and accept the obligation  8. The name, title or cap. Title or Capacity:	ions of all statutes relative to the props of my position as registered agent  (Registered agent  acity and address of the person(s) who  Name and Address:  Angela Robinson  1 Emerald Lake Court	as registered agent and agreer and complete performance of the complete performance of	e of my dutie.	s, and I am familiar with
to comply with the provis and accept the obligation  8. The name, title or cap. Title or Capacity:	Registered agent (Registered agent (Registered agent acity and address of the person(s) who Name and Address: Angela Robinson  1 Emerald Lake Court Palm Coast FL 32137	as registered agent and agreer and complete performance of the complete performance of	e of my dutie.	s, and I am familiar with
to comply with the provis and accept the obligation  8. The name, title or cap. Title or Capacity: Manager  (Use attachments if neces 9. Attached is a certificate	Registered agent  (Registered ag	as registered agent and agreer and complete performance of signature)  has/have authority to manage Title or Capacity:	e is/are:	ame and Address:  custody of records in the

## 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 61 HERON, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4004569, was organized within the State of Ohio on March 15, 2017, 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 23rd day of May, A.D. 2017.

**Ohio Secretary of State** 

Validation Number: 201714302816