M7000005897

(Re	questor's Name)	·				
(Address)						
(Ad	dress)					
(Cit	y/State/Zip/Phone	: #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	ertified Copies Certificates of Status					
Special Instructions to Filing Officer:						
		j				
		-				

Office Use Only



800301066058

07/10/17--01028--029 ++125.00

17 JUL 12 MINIL 19

JINL 13 2017

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	ECT: Toopes Inves	Name of	Limited Liability Compa	any	
	nclosed "Application by Foreign Limited ence, and check are submitted to register to				
Please	e return all correspondence concerning th	is matter to the	following:		
		Potri	CK Topes ame of Person		
	Topes	Inye Fi	Stments L	LC	
	4808 W.	Yersoi	ILES Rd. Address		
	Pique	Ohio City/S	45356 tate and Zip Code		
	Khoes O K	ress: (to be used	os pointir d for future annual repor	t petification)	
For fur	orther information concerning this matter,	please call:			
	Karen O Shorne Name of Contact Per	rson	at (937) ** Area Code	173 · 34 58 Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Divis Regi: Clifte 2661	EET ADDRESS: sion of Corporations stration Section on Building Executive Center Circle shassee, FL 32301	
Enclose	sed is a check for the following amount: \$\forall \forall 125.00 \text{ Filing Fee} \text{ \$130.00} \text{ Certificate}	Filing Fee & of Status	☐ \$155.00 Filing Fee Certified Copy	& \$160.00 Filing Fee, Certification of Status & Certified Copy	cate

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

(Name of Foreign L	imited Liability Company; must include "	Limited Liability Company," "L.L.C.," o	or "LLC.")
	ne adopted for the purpose of transacting busines	in Florida. The alternate name must include "	Limited Liability Company," "L.L.C," or "L.L.C.")
o iOlorio		2 412-473	3 B1 - 8 9
2. (Jurisdiction under the law of whi	ch foreign limited liability company is organized)	3. 46-47	(FEI number, if applicable)
	. , , .		
4			
	(Date first transacted business in Florida, if page (See sections 605,0904 & 605,0905, F.S. to	rior to registration.) determine penalty liability)	
: Hono III Va	· · · · · · · · · · · · · · · · · · ·	(40.50.4	14 O-4
(Street Address of Pri	rsoulcs Rd.	6. <u>4808 W.</u>	Yersoilles Rd. Ghio 45356
Piano Whi	D_45356	Piano	Ohin 4 535L
	The contract of the contract o		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
 Name and <u>street address</u> 	of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	Paulette Osborn	ne .	
vario.			
Office Address:	5288 Wellfles	EDr. N.	
	6		7. Laili
	ourasote	, Florida	<u> 54 24 (</u>
Registered agent's accepta			(Zip code)
• •		e of process for the above stated	l limited liability companyat the place
			e to act in this capacity. I further ugi
			e of my duties, and amfamiliar with
and accept the obligations (of my polition as registered agoni	• /	m ·
	Jauletta (aloune	E 👄 📆
-	(Registered a	gent's signature)	
		,	SS E
8. The name, title or capac	ity and address of the person(s) wh	no has/have authority to manage	is/are:
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
There can be	- mb-c		
DATE COOLOG	nator Karen Usborn	<u> </u>	
	4808 W. Yerso	ulles Pa.	
	Pigue, Orus	5.555G	····
	~		
officer	<u>Patrick</u> Too	oes	
	4208 W. Yerso	illes fo.	
		H335C	
(Use attachments if necessa	ry)		
•	•		
 Attached is a certificate or 	f existence, no more than 90 days	old, duly authenticated by the off	ficial having custody of records in the
		ficate is in a foreign language, a	translation of the certificate under oath
of the translator must be sub	mitted)		
0. This document is execute	ed in accordance with section 605.	0203 (1) (b), Florida Statutes. I a	m aware that any false information
ubmitted in a document to the	he Department of State constitutes	a third degree felony as provided	d for in s,817.155, F.S.
	Potr	ature of an authorized person	
			
	Sign	nature of an authorized person	
	Sign	nature of an authorized person	
	Sign - + -	nature of an authorized person	
_	Sign Pat	nature of an authorized person	

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 TOOPES INVESTMENTS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2261854, was organized within the State of Ohio on January 21, 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 5th day of July, A.D. 2017.

Ohio Secretary of State

Lon Analy

Validation Number: 201718603296