## M(700000283

(Requestor's Name)						
(Address)						
(Address)						
(Ci	ty/State/Zip/Phone #	<del></del>				
(Cil	ty/State/Zip/Filone #	7)				
PICK-UP	☐ WAIT	MAIL				
(Bu	isiness Entity Name	<del>)</del>				
,	,	•				
	ocument Number)					
(LX	cument Number)					
Certified Copies	_ Certificates o	of Status				
Special Instructions to	Filina Officer:					
	3					
		i				

Office Use Only



300304674323

10/19/17--01023--014 \*\*125.00

FILED 3:0

D SCOTT DEC 6 2017



November 14, 2017

KEVIN CIPTAK 1864B HIGBY DR STOW, OH 44224

SUBJECT: PERFECT PATIO AND LANDSCAPE LLC

Ref. Number: W17000084003

We have received your document for PERFECT PATIO AND LANDSCAPE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please list the complete principal office address.  $\angle$ 

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.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 217A00023063

www.sunbiz.org

## COVER LETTER

Registration Section · Division of Corporations

· TO:

SUBJECT:	fect Patio and La	·	Limited Liability	Company		
The enclosed "Ap Existence, and ch	pplication by For eck are submitted	eign Limited Liability Comp I to register the above refere	pany for Authoriza	ation to Transact Bu	siness in Florida," Co y to transact busines:	ertificate of s in Florida.
Please return all	correspondence c	oncerning this matter to the	following:			
	Kevin Ciptak					
	<del></del>	N	ame of Person	••		
	Perfect Patio Ai	nd Landscape LLC				
		F	irm/Company			
	1864B Highy D	rive				
			Address	<del>.</del>		
	Stow, Ohio 442	24				
		City/S	tate and Zip Code	:	<u> </u>	
Ì	perfect.patios@ad	ol.com				
<del>-</del>		E-mail address: (to be use	d for future annua	I report notification)	T ALL	,
For further inform	nation concerning	g this matter, please call:				
Kevin (	Ciptak		330 at (	730-2772		
	Name o	f Contact Person	Area Code	Daytime Tele	ephone Number	U
Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section x 6327 ssee, FL 32314			STREET ADDRI Division of Corpo Registration Section Clifton Building 2661 Executive Co Tallahassee, FL 32	rations in the control of the contro	
	eck for the follow .00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Fili Certified Copy	~	0.00 Filing Fee, Certs us & Certified Copy	ificate

## 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. Perfect Patio and Land (Name of Foreign	Iscape LLC n Limited Liability Company, must include "L	imited Liability Company," "L.L.C.," or "LL	c.")
(If name unavailable, enter alternate	name adopted for the purpose of transacting business	in Florida. The alternate name must include "Limite	d Liability Company," "L.L.C," or "LLC.")
2. State of Ohio	, , , ,		
	which foreign limited liability company is organized)		number, if applicable)
4. <u>N/A</u>			
	(Date first transacted business in Florida, if pri (See sections 605,0904 & 605,0905, F.S. to do	termine penalty liability)	
5. 5400 5	>. Williamson BLV	'D。 6.	
(Street Address of	> Williamson BLV Principal Office) 6 #8 -301	(Mailing	; Address)
	ZANGE FL 3122		· · · · · · · · · · · · · · · · · · ·
7. Name and street addre	ess of Florida registered agent: (P.O.)	Box NOT acceptable)	
Name:	Kevin Ciptak / Perfect Patio and L	<del></del>	
Office Address:	5400 S. Williamson Blvd.	BULDING #8-	301
	Port Orange	, Florida <u>32128</u>	
Registered agent's accep	(City)		p code)
to comply with the provis and accept the obligation	sions of all statutes relative to the pro ns of my position as registered agent.	per and complete performance of t	my duties, and I am familiar with
	(Registored ag	ent's signature)	<del></del>
	acity and address of the person(s) wh		
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Owner	Kevin Ciptak		<u> </u>
	1864B Highy Drive Stow, Ohio 44224		
		<del></del>	न हा गा
			Con terms
			Dec G
	-	<del></del>	
(Use attachments if neces	ssary)		Salar W
<ol> <li>Attached is a certificate jurisdiction under the law of the translator must be s</li> </ol>	e of existence, no more than 90 days of which it is organized. (If the certiful submitted)	ld, duly authenticated by the officia icate is in a foreign language, a trans	l having custody of records in the slation of the certificate under oath
10. This document is exec submitted in a document to	cuted in accordance with section 605.0 o the Department of State constitutes	0203 (1) (b), Florida Statutes. I am a of third degree felony as provided for	ware that any false information in s.817.155, F.S.
	/ Sign	ature of an authorized person	<del> </del>
	1/	- 11	

## 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 PERFECT PATIO AND LANDSCAPE, LLC, an Ohio For Profit Limited Liability Company, Registration Number 1884030, was organized within the State of Ohio on September 18, 2009, 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 17th day of October, A.D. 2017.

**Ohio Secretary of State** 

Validation Number: 201729002054