# M18000001120

(Re	questor's Name)	
	dress)	
(Au	uless)	
	dress)	
```		
(Cit	y/State/Zip/Phone #	¢)
	_	_
PICK-UP		MAIL
(Bu	siness Entity Name	2)
(Do	cument Number)	
Certified Copies	_ Certificates o	or Status
	<u> </u>	
Special Instructions to	Filing Officer:	
	Office Use Only	



01/30/18--01015--014 \*\*130.00

DIVISION OF CORFORATION 18 JAN 30 PM 1: 08

B FIGUEROA FEB 01 2018

#### COVER LETTER

TO: Registration Section Division of Corporations

#### DTOULLC

SUBJECT: \_\_

.

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

	Kristine Reed		
	Nai	ne of Person	
	Miltner ReedLLC		
	Fin	m/Company	
	7560CentralParkeBlvd.		
		Address	
	Mason,OH 45040		
	City/Sta	ite and Zip Code	
	kristine@miltner-reed.com		
	E-mail address: (to be used	for future annual i	eport notification)
For further in	information concerning this matter, please call:		
Kri	ristine Reed	866 at (	740-5219
	Name of Contact Person	Area Code	Daytime Telephone Number

#### MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

S125.00 Filing Fee

■ \$130.00 Filing Fee & Certificate of Status □ \$155.00 Filing Fee & Certified Copy □ \$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 I	14BILTIY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	

### DTOULLC

.

Ublic informative balances in Florida, 2 prior to report to rep	name unavailable, enter alterna	ate name adopted for the purpose of transacting business in Flo	onda. The alternate name m	ust include "Limited Lia	ibility Company," "L.L.C," or "LLC."
N/A       (Due first transacted husers in Florids, if prior to registrement) tice sciences R05 0004 & R05, D004 & R05, D00			3. 46-4785		
(Date find it image to have to its prototions); (Street Address of Biology 15, is determine yearbit; liability)         1433Gulf to Bay (Street Address of Phorida registered agent: (P.O. Box NOT acceptable)         Suite H         Clearwater FL 33755         Name and street address of Florida registered agent: (P.O. Box NOT acceptable)         Name and street address of Florida registered agent: (P.O. Box NOT acceptable)         Name :         Rick Kotte         Office Address:         (Cherwater         (Cherwater </th <th>(Jurisdiction under the law o</th> <th>of which foreign limited liability company is organized)</th> <th></th> <th>(FEI mum</th> <th>ber, if applicable i</th>	(Jurisdiction under the law o	of which foreign limited liability company is organized)		(FEI mum	ber, if applicable i
(Date finite transacted basets in Finds. If prive to reprotention.)         (Date finite red for 00.4 & MOS (PS, to determine results) liability)         1433Guilt to Bay         (Street Address of Phorida registered agent: (P.O. Box NOT acceptable)         SuiteH         ClearwaterFL 33755         Name and street address of Florida registered agent: (P.O. Box NOT acceptable)         Name: Flick Kotte         Office Address:         Attached agent's acceptance:         (Clearwater FL 33755         Clearwater FL 33755         Clearwater FL 33755         Office Address:         Hick Kotte         Office Address:         Office Address:         (Clearwater         (Clearwater         Office Address:	N/A				
(Street Addrex of Principal Office)       (Muding: Addrexs)         SuiteH       SuiteH         ClearwaterFL 33755       ClearwaterFL 33755         Name and street address of Florida registered agent: (P.O. Box NOT acceptable)         Name:       Rick Kotte         Office Address:       1433Gulf to Bay, SuiteH         Clearwater       , Florida 33755         (Cap code)       (Cap code)         gistered agent's acceptance:       (Cap code)         aving been named as registered agent and to accept service of process for the above stated limited liability company at the prosisions of all statutes relative to the proper and complete performance of my dutics, and 1 am familiar nal accept the appointment as registered agent and agree to act in this capacity. I further or capacity and address of the person(s) who has/have authority to manage is/are:         Tilte or Capacity:       Name and Address:         SoleMember       Rick Kotte         1433Gulf to Bay SuiteH       Rick Kotte         Use attachments if necessary)       SuiteH         Value attachments if necessary)       Rick Kotte         Attached is a certificate of existence. no more than 90 days old, dul	·	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) ane penalty liability)		
(Steer Address of Principal Office)       Mailing Address)         SuiteH       SuiteH         ClearwaterFL 33755       ClearwaterFL 33755         Name and street address of Florida registered agent: (P.O. Box NOT acceptable)         Name:       Rick Kotte         Office Address:       1433Gulf to Bay, SuiteH         Clearwater       ., Florida 33755         (Tay)       ., Florida 33755         registered agent's acceptance:       (Cap code)         aving been named as registered agent and to accept service of process for the above stated limited liability company at the prosisions of all statutes relative to the proper and complete performance of my dutics, and 1 am familiar nal accept the appointment as registered agent and agree to act in this capacity. I further be complex with the provisions of all statutes relative to the proper and complete performance of my dutics, and 1 am familiar nal accept the obligations of my position as registered agent? signature         I Requered agent's signature       RI(K KOTTE)	1433Gulf to Bay		6 1433Gulf	to Bay	
Clearwater FL 33755       Clearwater FL 33755         Name and street address of Florida registered agent: (P.O. Box NOT acceptable)         Name:       Rick Kotte         Office Address:       1433Gulf to Bay, SuiteH         Clearwater       Florida 33755         ("ay)       Florida 33755         egistered agent's acceptance:       ("ay)         for a day of the provisions of all vatures relative to the proper and complete performance of my duties, and 1 am familiar of my position as registered agent and agree to act in this capacity. J further ocomply with the provisions of all vatures relative to the proper and complete performance of my duties, and 1 am familiar accept the obligations of my position as registered agent's signature?         Requestered agent's signature?       RI(K_KOTTE)         . The name, title or capacity and address of the person(s) who has/have authority to manage is/are:       Title or Capacity:         Yame and Address:       Title or Capacity:       Name and Address:         SoleMember       Rick Kotte       1433Gulf to Bay SuiteH         Clearwater FL 33755       Sole       Sole         Use attachments if necessary)       Sole       Sole         Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recercly in risdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate detededededededededededededededededed		of Principal Office)			liess)
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)         Name:       Rick Kotte         Office Address:       1433Gulf to Bay, SuiteH         Clearwater       Florida 33755         (Cap code)       (Cap code)         Baving been named as registered agent and to accept service of process for the above stated limited liability company at the program and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.         Registered agent 2 signature1       R1(K_KOTTE)         S. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:       Name and Address:         Title or Capacity:       Name and Address:       Title or Capacity:         SoleMember       Rick Kotte       1433Gulf to Bay SuiteH         Clearwates FL 33755       Sole         Use attachments if necessary)       Sole       Sole         Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receips in the soft hit is organized. (If the certificate is in a foreign language, a translation of the certificate detection	SuiteH		· ·		
Nume:       Rick Kotte         Office Address:       1433Gulf to Bay, SuiteH         Clearwater       Florida 33755         ("ity)       Florida 33755         registered agent's acceptance:       Florida 10 accept service of process for the above stated limited liability company at the provisions of all statutes relative to the proper and complete performance of my duties, and 1 am familiar and accept the obligations of my position as registered agent's signature         Image: Registered agent and address of the person(s) who has/have authority to manage is/are:         Title or Capacity:       Name and Address:         SoleMember       Rick Kotte         1433Gulf to Bay SuiteH       Clearwater, FL 33755         Use attachments if necessary)       Title or capacity and sole except the appointed by the official having custody of records in trisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate of the certificate is in a foreign language, a translation of the certificate of the certificate is in a foreign language, a translation of the certificate of the certificate of the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate of the certificate is in a foreign language, a translation of the certificate of the certificate of the certificate is in a foreign language, a translation of the certificate of the certificate is in a foreign language.	ClearwaterFL 337	55	Clearwate	erFL 33755	<b>.</b>
Clearwater       Florida       33755         (Chy)       (Chy)       (Chy)         egistered agent's acceptance:       aving been named as registered agent and to accept service of process for the above stated limited liability company at the program of all statutes relative to the proper and complete performance of my duties, and 1 am familiar accept the obligations of all statutes relative to the proper and complete performance of my duties, and 1 am familiar accept the obligations of my position as registered agent.         Registered agent's signature)       R1(K_K0TFTE)         The name, title or capacity and address of the person(s) who has/have authority to manage is/are:       Name and Address:         Title or Capacity:       Name and Address:       Title or Capacity:         SoleMember       Rick Kotte       1433Gulf to Bay SuiteH         Clearwater FL 33755       To proceed agent and proceed agent and proceed agent and address of the person(s) who has/have authority to manage is/are:         Title or Capacity:       Name and Address:       Title or Capacity:       Name and Address;         SoleMember       Rick Kotte       1433Gulf to Bay SuiteH       To proceed agent and the accept supervision and accept agent and sole and address are compared agent agent are compared agen	Name:	Rick Kotte			
(Cuy)       (Zup code)         Registered agent's acceptance:       Identify the process for the above stated limited liability company at the presignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent's signature)       If (K, KOTTE)         8. The name, title or capacity:       Name and Address:       Title or Capacity:       Name and Address;         5. The name, title or capacity:       Name and Address:       Title or Capacity:       Name and Address;         SoleMember       Rick Kotte       1433Gulf to Bay SuiteH       Image: SuiteH       Image: SuiteH         Clearwater, FL 33755       Image: SuiteH       Image: SuiteH       Image: SuiteH       Image: SuiteH         Use attachments if necessary)       Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receipts in a foreign language, a translation of the certificate of existence.       If the certificate is in a foreign language, a translation of the certificate of existence.	Office Addres	s:			
Registered agent's acceptance:         Javing been named as registered agent and to accept service of process for the above stated limited liability company at the presignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent's signature)         IRegistered agent's signature)       RI(K_KOTTE)         S. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:       Name and Address:         Title or Capacity:       Name and Address:         SoleMember       Rick Kotte         1433Gulf to Bay SuiteH       Clearwater, FL 33755         Use attachments if necessary)       Registered agent 90 days old, duly authenticated by the official having custody of records in a foreign language, a translation of the certificate of existence.		Clearwater	E1.	orida 33755	
Title or Capacity:       Name and Address:       Title or Capacity:       Name and Address:         SoleMember       Rick Kotte       1433Gulf to Bay SuiteH       1433Gulf to Bay SuiteH       1433Gulf to Bay SuiteH         Clearwater, FL 33755       Image: Sole Sole Sole Sole Sole Sole Sole Sole	laving been named a: esignated in this appl comply with the pro	ceptance: s registered agent and to accept service of f ication, I hereby accept the appointment a visions of all statutes relative to the proper	process for the abo is registered agent	(Zip coc ove stated limited and agree to act	in this capacity. I furthe
Title or Capacity:       Name and Address:       Title or Capacity:       Name and Address:         SoleMember       Rick Kotte       1433Gulf to Bay SuiteH       1433Gulf to Bay SuiteH       1433Gulf to Bay SuiteH         Clearwater, FL 33755       Image: Sole Sole Sole Sole Sole Sole Sole Sole	laving been named a: esignated in this appl comply with the pro	ceptance: s registered agent and to accept service of f lication, I hereby accept the appointment a visions of all statutes relative to the proper lons of my position as registered agent.	process for the abo is registered agent and complete perj	(Zip coc ove stated limited and agree to act	in this capacity. I furthe
1433Gulf to Bay_SuiteH         Clearwater, FL 33755         Use attachments if necessary)         . Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in trisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate	laving been named as esignated in this appl comply with the pro nd accept the obligati	septance: s registered agent and to accept service of lication, I hereby accept the appointment a visions of all statutes relative to the proper ions of my position as registered agent. (Registered agent's	process for the abo is registered agent and complete perj signature) R1(	(Lipcon ove stated limited and agree to act formance of my CACCE K. KOTTE	in this capacity. I furthe
1433Gulf to Bay SuiteH         Clearwater, FL 33755         Use attachments if necessary)         . Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in insidiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate	laving been named as esignated in this appl comply with the pro- nd accept the obligati 3. The name, title or c	reptance: s registered agent and to accept service of f lication, I hereby accept the appointment a visions of all statutes relative to the proper ions of my position as registered agent. (Registered agent's apacity and address of the person(s) who ha	process for the abo is registered agent and complete perj signature) R1( as/have authority to	(Zip con overstated limited and agree to act formance of my Contact of My K. KOTTE manage is/are:	in this capacity. I furthe duties, and I am familiar
Use attachments if necessary)  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in arisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate ended of the certificate ende	laving been named as esignated in this apply comply with the pro nd accept the obligati 3. The name, title or e <u>Title or Capacity</u>	reptance: s registered agent and to accept service of f lication, I hereby accept the appointment a visions of all statutes relative to the proper ions of my position as registered agent. (Registered agent's rapacity and address of the person(s) who he <u>Name and Address</u> :	process for the abo is registered agent and complete perj signature) R1( as/have authority to	(Zip con overstated limited and agree to act formance of my Contact of My K. KOTTE manage is/are:	in this capacity. I furthe duties, and I am familiar
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in irisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate	laving been named as esignated in this apply comply with the pro nd accept the obligati 3. The name, title or e <u>Title or Capacity</u>	reptance: s registered agent and to accept service of f lication, I hereby accept the appointment a visions of all statutes relative to the proper ions of my position as registered agent. (Registered agent's apacity and address of the person(s) who he <u>Name and Address</u> : Rick Kotte 1433Gulf to Bay SuiteH	process for the abo is registered agent and complete perj signature) R1( as/have authority to	(Zip con overstated limited and agree to act formance of my Contact of My K. KOTTE manage is/are:	in this capacity. I furthe duties, and I am familiar
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in indication under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate determined of th	laving been named as esignated in this apply comply with the pro nd accept the obligati 3. The name, title or e <u>Title or Capacity</u>	reptance: s registered agent and to accept service of f lication, I hereby accept the appointment a visions of all statutes relative to the proper ions of my position as registered agent. (Registered agent's apacity and address of the person(s) who he <u>Name and Address</u> : Rick Kotte 1433Gulf to Bay SuiteH	process for the abo is registered agent and complete perj signature) R1( as/have authority to	(Zip con overstated limited and agree to act formance of my Contact of My K. KOTTE manage is/are:	in this capacity. I furthe duties, and I am familiar
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in indication under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate determined of th	laving been named as esignated in this apply comply with the pro nd accept the obligati 3. The name, title or e <u>Title or Capacity</u>	reptance: s registered agent and to accept service of f lication, I hereby accept the appointment a visions of all statutes relative to the proper ions of my position as registered agent. (Registered agent's apacity and address of the person(s) who he <u>Name and Address</u> : Rick Kotte 1433Gulf to Bay SuiteH	process for the abo is registered agent and complete perj signature) R1( as/have authority to	(Zip con overstated limited and agree to act formance of my Contact of My K. KOTTE manage is/are:	in this capacity. I furthe duties, and I am familiar
Use attachments if necessary) Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate f the translator must be submitted)	laving been named as esignated in this apply comply with the pro nd accept the obligati 3. The name, title or e <u>Title or Capacity</u>	reptance: s registered agent and to accept service of f lication, I hereby accept the appointment a visions of all statutes relative to the proper ions of my position as registered agent. (Registered agent's apacity and address of the person(s) who he <u>Name and Address</u> : Rick Kotte 1433Gulf to Bay SuiteH	process for the abo is registered agent and complete perj signature) R1( as/have authority to	(Zip con overstated limited and agree to act formance of my Contact of My K. KOTTE manage is/are:	in this capacity. I furthe duties, and I am familiar
Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in indication under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate determined of th	laving been named as esignated in this apply comply with the pro nd accept the obligati 3. The name, title or e <u>Title or Capacity</u>	reptance: s registered agent and to accept service of f lication, I hereby accept the appointment a visions of all statutes relative to the proper ions of my position as registered agent. (Registered agent's apacity and address of the person(s) who he <u>Name and Address</u> : Rick Kotte 1433Gulf to Bay SuiteH	process for the abo is registered agent and complete perj signature) R1( as/have authority to	(Zip con overstated limited and agree to act formance of my Contact of My K. KOTTE manage is/are:	in this capacity. I furthe duties, and I am familiar
urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate addet	laving been named as esignated in this apple comply with the pro- nd accept the obligati . The name, title or e <u>Title or Capacity</u> SoleMember	reptance: s registered agent and to accept service of <i>f</i> lication, <i>I</i> hereby accept the appointment a visions of all statutes relative to the proper ions of my position as registered agent. (Registered agent's rapacity and address of the person(s) who have <u>Name and Address:</u> Rick Kotte <u>1433Gulf to Bay SuiteH</u> <u>Clearwater FL 33755</u>	process for the abo is registered agent and complete perj signature) R1( as/have authority to	(Zip con overstated limited and agree to act formance of my Contact of My K. KOTTE manage is/are:	in this capacity. I furthe duties, and I am familiar
	Javing been named as esignated in this appl o comply with the pro- nd accept the obligation of the name, title or con- <u>Title or Capacity:</u> <u>SoleMember</u>	cessary)	process for the abo is registered agent and complete perj signature) R1( as/have authority to <u>Title or Cap</u>	(Zip cos and agree to act formance of my L KUTTE manage is/are: acity:	in this capacity. 1 furthe duties, and 1 am familiar Name and Address:

Signature of a autorized person \_\_\_\_\_ Kristine H. Reed, Attorney for DTOU LLC

Typed or printed name of signee

## 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 DTOU LLC, an Ohio For Profit Limited Liability Company, Registration Number 2267153, was organized within the State of Ohio on February 7, 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 26th day of January, A.D. 2018.

Jon Hastel

**Ohio Secretary of State** 

Validation Number: 201802602870