## M1800000a118

/Por	questor's Name)	
(Rec	questor's Name)	
(4.1		
DDA)	dress)	
(Add	dress)	
(City	//State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Eiling Officer	
Special instructions to r	Tilling Officer.	
	<u>,</u>	





000307605650

02/16/18--01018--022 \*\*160.00



J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporation	ns		
SUBJECT: TransitWorks, LL			
	Name of	Limited Liability Comp	any
The enclosed "Application by For Existence, and check are submitted	reign Limited Liability Comp ed to register the above refero	pany for Authorization tenced foreign limited lia	o Transact Business in Florida," Certificate of ability company to transact business in Florida
Please return all correspondence	concerning this matter to the	following:	
_Julie K. Jable		ame of Person	
_TransitWorks	, LLC		
	Fi	irm/Company	
4199 Kinross	Lakes Parkway, Suite 300	Address	<u></u>
<u>Richfield, Ohio</u>	City/S	tate and Zip Code	
_julie.jablonowsl	<u>kiw@transit-works.com</u> E-mail address: (to be use	d for future annual repor	rt notification)
For further information concerning	g this matter, please call:		
Julie K. Jablonowski		at ( <u>234</u> ) <u></u> 2	00-1430
Name o	of Contact Person	Area Code	Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Divi Regi Clift 2661	sion of Corporations istration Section on Building Executive Center Circle ahassee, FL 32301
Enclosed is a check for the follow ☐ \$125.00 Filing Fee	ring amount:  \$\Bigsireq \\$130.00 \text{ Filing Fee & Certificate of Status}\$	☐ \$155.00 Filing Fee Certified Copy	e & X \$160.00 Filing Fee, Certificate of Status & Certified Copy



February 19, 2018

JULIE K JABLONOWSKI 4199 KINROSS LAKES PKWY, SUITE 300 RICHFIELD, OH 44286

SUBJECT: TRANSITWORKS, LLC Ref. Number: W18000016691

We have received your document for TRANSITWORKS, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 818A00003484

RECEIVED NAR O 1 2018

## 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:

	name another for the purpose of transacting outsidess in Flor		name must include "Limited Lia	bility Company," "L.L.C," or "LLC.")
2. Ohio (Jurisdiction under the law of v	hich foreign limited liability company is organized)	3. <u>82-</u>	2681263 (FEI mumb	per, if applicable)
4	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration.)	n	<del></del>
5. <u>4199 Kinross Lakes P</u>			'' 9 Kinross Lakes Parkw	vav. Suite 300
(Street Address of	Principal Office)		(Mailing Add	ress)
Richfield, Ohio 4428	6	_Ric	hfield, Ohio 44286	
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT accep	etable)	2000 HA
Name:	C T Corporation System			7. To 1
Office Address:	1200 South Pine Island Road			
	Plantation		, Florida <u>33324</u>	
	(City)		(Zip cod	
Having been named as r lesignated in this applice o comply with the provis	egistered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper as of my position as registered agent.	s registered of and comple	agent and agree to act	in this capacity. I further ag
Having been named as redesignated in this applicate to comply with the provision accept the obligation  8. The name, title or cap	egistered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper as of my position as registered agent.  (Registered agent's active and address of the person(s) who have	s registered and comple  Support of the service of	agent and agree to act te performance of my ority to manage is/are:	liability company afthe placin this capacity. I further as duties, and I am familiar wit
Having been named as redesignated in this applicate to comply with the provisuand accept the obligation  8. The name, title or cap  Title or Capacity:	egistered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper as of my position as registered agent.  (Registered agent's active and address of the person(s) who have and Address:	s registered and comple  Support of the service of	agent and agree to act te performance of my	liability company af the plac in this capacity. I further ag
Having been named as redesignated in this applicate to comply with the provision accept the obligation  8. The name, title or cap	egistered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper as of my position as registered agent.  (Registered agent's active and address of the person(s) who have	s registered a and comple signature) as/have authoral title o	agent and agree to act te performance of my ority to manage is/are:	liability company afthe placin this capacity. I further as duties, and I am familiar wit
Having been named as redesignated in this applicate to comply with the provision accept the obligation  8. The name, title or cap  Title or Capacity:	egistered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper as of my position as registered agent.  (Registered agent's accity and address of the person(s) who has a Name and Address:  Mark Minatel  4199 Kinross Lakes Parkway Richfield, OH 44286  Dennis Summers	s registered and comple  Signature) as/have author	agent and agree to act te performance of my ority to manage is/are:	liability company afthe placin this capacity. I further as duties, and I am familiar wit
Having been named as radesignated in this applicate to comply with the provisuand accept the obligation  8. The name, title or cap Title or Capacity:  Vice President	egistered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper as of my position as registered agent.  (Registered agent's active and address of the person(s) who have and Address:  Mark Minatel  4199 Kinross Lakes Parkway Richfield, OH 44286	s registered and comple  Signature) as/have author	agent and agree to act te performance of my ority to manage is/are:	liability company afthe placin this capacity. I further as duties, and I am familiar wit
Having been named as rates ignated in this applicate of the provision of t	egistered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper as of my position as registered agent.  (Registered agent's accity and address of the person(s) who have and Address:  Mark Minatel  4199 Kinross Lakes Parkway Richfield, OH 44286  Dennis Summers  4199 Kinross Lakes Parkway Richfield, OH 44286	s registered and comple  Signature) as/have author	agent and agree to act te performance of my ority to manage is/are:	liability company afthe placin this capacity. I further as duties, and I am familiar wit
Having been named as redesignated in this applicate to comply with the provisand accept the obligation.  8. The name, title or capacity: Vice President  Vice President  (Use attachments if necessity:  9. Attached is a certificate jurisdiction under the law	egistered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper as of my position as registered agent.  (Registered agent's accity and address of the person(s) who has a Name and Address:  Mark Minatel  4199 Kinross Lakes Parkway Richfield, OH 44286  Dennis Summers  4199 Kinross Lakes Parkway Richfield, OH 44286  ssary)  e of existence, no more than 90 days old, of which it is organized. (If the certificat	s registered and comple and comple signature) as/have authoral as/have authoral attention and duly authentics.	agent and agree to act the performance of my of the performance of t	liability company afthe placin this capacity. I further agduties, and I am familiar with Mame and Address:  Name and Address:
8. The name, title or cap Title or Capacity: Vice President  Vice President  Use attachments if neces  9. Attached is a certificate jurisdiction under the law of the translator must be second.	egistered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper as of my position as registered agent.  (Registered agent's accity and address of the person(s) who has a Name and Address:  Mark Minatel  4199 Kinross Lakes Parkway Richfield, OH 44286  Dennis Summers  4199 Kinross Lakes Parkway Richfield, OH 44286  ssary)  e of existence, no more than 90 days old, of which it is organized. (If the certificat	s registered and comple and comple signature) as/have authoral as/have authoral at the oral at the oral at the oral at the signature at the si	ority to manage is/are: r Capacity:  icated by the official haign language, a translat	Name and Address:  Name and Address:  wing custody of records in the ion of the certificate under oach and the ion of the io

## 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 TRANSITWORKS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2120891, was organized within the State of Ohio on July 11, 2012, 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 February, A.D. 2018.

**Ohio Secretary of State** 

for Hastel

Validation Number: 201805703900