



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2018

WILLIAM M ANDERSON
44 N SHARSVILLE AVE
SHARON, PA 16146 US

SUBJECT: ACTIOABLE INSIGHTS, LLC
Ref. Number: W18000018029

We have received your document for ACTIOABLE INSIGHTS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 818A00003738

RECEIVED
MAR 07 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:

1. Actionable Insights, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.I.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "L.I.C.")

2. Ohio 3. 45-3569807
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

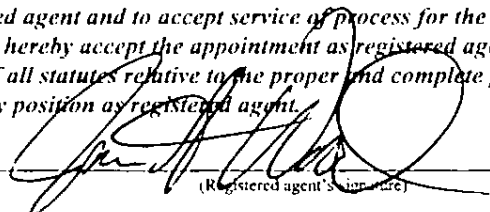
5. 44 N. Sharpsville Ave. 6. 44 N. Sharpsville Ave.
(Street Address of Principal Office) (Mailing Address)
Sharon, PA 16146 Sharon, PA 16146

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Jason A. Wood
 Office Address: 6650 Sunset W#517
St. Pete Beach, Florida 33706
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

8 MAR -7 AM 9:49
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 AND BUSINESSES

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>CEO</u>	<u>Jason A. Wood</u> <u>44 N. Sharpsville Ave.</u> <u>Sharon, PA 16146</u>	_____	_____
<u>COO</u>	<u>William M. Anderson</u> <u>44 N. Sharpsville Ave.</u> <u>Sharon, PA 16146</u>	_____	_____

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

William M. Anderson
Typed or printed name of signee

