## MECOCOSTI

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

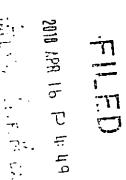
Office Use Only



000308922100

02/14/18--01002--012 \*\*125.00

RECEIVED







#### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

April 3, 2018

**CHUCK REIGRUT** 255 W FEDERAL ST YOUNGSTOWN, OH 44503

SUBJECT: TURNING TECH, LLC Ref. Number: W18000015190

We have received your document for TURNING TECH, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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 Scott Regulatory Specialist II

Letter Number: 918A00006689

T <del>...</del>

10

#### **COVER LETTER**

Registration Section

TO:

Div	ision of Corporation	15				
our wer.	Turning Technologi	es, LLC				
SUBJECT:		Name of L	imited Liability C	ompany		
The enclosed Existence, an	i "Application by For ad check are submitte	eign Limited Liability Compa d to register the above refere	any for Authorizat need foreign limite	ion to Transac d liability con	t Business in Florida," Conpany to transact business	artificate of in Florida.
Please return	all correspondence	concerning this matter to the	following:			
	Chuck Reigrut				_	
		Na	me of Person			
	Turning Techn	ologies, LLC				
		Fi	m/Company			
	255 West Fede	ral St				
			Address		- <del></del>	
	Youngstown, (	OH 44503				
		City/St	ate and Zip Code		72	
	creigrut@turnin	gtechnologies.com			ation)	T
		E-mail address: (to be used	for future annual	report notifice	ntion)	-27700 125.201
For further is	nformation concerning	g this matter, please call:			. 5	THED
Ch	uck Reigrut		330 at (	259-7649	·. U	J
	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				
	a check for the follow \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy		\$160.00 Filing Fee, Cert f Status & Certified Copy	

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

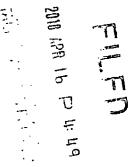
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Turning Technologies	. 11.0	STATE OF FLORIDA:			
(Name of Foreig	n Limited Liability C	company; must include "Limi	ted Liability	Company," "L.L.C.," or "LLC."	,
If name unavailable, enter alternate	name adopted for the pa	urpose of transacting business in F	lorids. The alte	raste name must include "Limited Li	ability Company," "LLC," or "LLC.")
o Ohio			3.	27-3212022	aber, if applicable)
(Jurisdiction under the law of	which foreign limited lia	bility company is organized)		(	
4	(Date first trans	acted business in Florida, if prior o 05,0904 & 605,0905, F.S. to deter	to registration.)	rbility)	<del></del>
5. 255 West Federal St				same	
Youngstown, OH 44503			-	(Mailing Ad	
7. Name and street addr		victored opent: (P.O. Br	nx NOT a	centable)	
	Richard Britt			,	
Name:	202 6 11			<del></del>	
Office Address	·	Jupiter, Flo			
		(City)		(Zip o	ode)
and accept the obligation	ons of my position	n as registerea ageni.	<del>:  </del>		
		(Registered agent	(//~~~ t's signature)	·	<del></del>
		(Registered agent		ushowity to manage is/gre	<del></del>
8. The name, title or ca Title or Capacity:	apacity and addre	· •	has/have a	uthority to manage is/are:	Name and Address:
Title or Capacity:	<u>Na</u>	ss of the person(s) who	has/have a	uthority to manage is/are	Name and Address:
	Sa Chu 255	ss of the person(s) who me and Address: ck Reignut West Federal St	has/have a	uthority to manage is/are:	Name and Address:
Title or Capacity:	Sa Chu 255	ess of the person(s) who me and Address: ck Reignut	has/have a	uthority to manage is/are:	TI TI
Title or Capacity:	Sa Chu 255 You ecc Gree	ss of the person(s) who me and Address: ck Reigrut West Federal St ngstown, OH 44503 g Alexander	has/have a	uthority to manage is/are:	Name and Address:
Title or Capacity: VP Corporate/Gov	Sa Chu 255 You  ecc Gree 255	ss of the person(s) who me and Address: ck Reigrut West Federal St ngstown, OH 44503	has/have a	uthority to manage is/are: tle or Capacity:	Name and Address:
Title or Capacity: VP Corporate/Gov	Sa Chu 255 You eex Gree 255 You	ss of the person(s) who me and Address: ck Reigrut West Federal St mgstown, OH 44503 g Alexander West Federal St	has/have a	uthority to manage is/are: tle or Capacity:	The same same same same same same same sam
VP Corporate/Gov  Senior Account Ex  (Use attachments if nec	Sa Chu  255 You  ecc Gree  255 You  ecs ary)  tete of existence, rew of which it is compared to the compared t	ss of the person(s) who me and Address: ck Reigrut West Federal St mgstown, OH 44503 g Alexander West Federal St mgstown, OH 44503	has/have a	henticated by the official	The same same same same same same same sam
Title or Capacity:  VP Corporate/Gov  Senior Account Ex  (Use attachments if nec  9. Attached is a certification under the late of the translator must be	Sa Chu  255 You  ect Gree  255 You  essary)  ate of existence, rew of which it is of existence, rew of which it is of existence.	ss of the person(s) who me and Address: ck Reigrut West Federal St mgstown, OH 44503  g Alexander West Federal St mgstown, OH 44503  no more than 90 days of organized. (If the certification of State constitutes a	d, duly autoate is in a	henticated by the official foreign language, a transl	having custody of records in the lation of the certificate under oath
VP Corporate/Gov  Senior Account Ex  (Use attachments if nec  9. Attached is a certification under the la  of the translator must be	Sa Chu  255 You  ect Gree  255 You  essary)  ate of existence, rew of which it is of existence, rew of which it is of existence.	ss of the person(s) who me and Address: ck Reigrut West Federal St mgstown, OH 44503  g Alexander West Federal St mgstown, OH 44503  no more than 90 days of organized. (If the certification of State constitutes a	d, duly autoate is in a	henticated by the official foreign language, a transl	having custody of records in the lation of the certificate under oath

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 TURNING TECHNOLOGIES, LLC, an Ohio Limited Liability Company. Registration Number 1288085, was organized within the State of Ohio on January 10, 2002, 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 February, A.D. 2018.

Ohio Secretary of State

Jan Hastel

Validation Number: 201803602896