# M1800000 4262

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COVER LETTER

#### TO: Registration Section Division of Corporations

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#### SUBJECT: \_\_\_\_\_ Falcon United Network, LLC., an Ohio Limited Liability Company 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:

Ste	phen E. Thompson	ı					
	א	ame of Person					
Tho	mpson Lewis Lewi	is Law Fird	i, PLL	с			
	F	irm/Company					
8	50 Park Shore Di	rive, Suite	201-	A			
	Address						
N	aples, Florida 3	34103					
	City/S	tate and Zip Code					
	Sthomoson@tllfir	m.com					
	E-mail address: (to be use	d for future annual	report no	tification)			
For further information concernin	g this matter, please call:						
Kathy	Singer	<sub>at (</sub> 239	) 316.	-3006			
Name o	f Contact Person	Area Code	Day	stime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton E 2661 Exe	<u><b>TADDRESS:</b></u> of Corporations tion Section Building ecutive Center Circle see. FL 32301			
Enclosed is a check for the follow							
S125.00 Filing Fee	🖵 \$130.00 Filing Fee &	🗆 🗆 \$155.00 Filir	ig Fee &	□ \$160.00 Filing Fee, Ce			

Certificate of Status

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limit)	ed Network, FLC., ed Liability Company; must include "Lin	atted Liability Comp	any," "L.L.C.," or "LLC.")		
lt nama mar allable, anter altern de name ad	lopled for the purpose of transacting business in	Florida. Tha altarusta a	onna mu tanalada **1 umata ( ) ada	det Commen 201 L C 2 2 9	114110
Ohio	opied for the plaquese of marsaching ousiness in	ricelua rife alernale n	ana naisi nende manieu mao	my company, i.i.e., or i	1.1.C
)		3		er, if applicable)	
(Jurisdiction under the law of which for	reign limited liability company is organized)		(FEI numbe	et, if applicable)	
ŧ					
1	Date first transacted business in Florida, if prior See sections 605/0904 & 605/0905, F/S/ to deti	r to registration ) emine penalty liability)			
614 Wooster		6,			
(Street Address of Principa		0	(Mailing Addr	255)	
Terrace Park					
Ohio 45174					
Name and street address of	Florida registered agent: (P.O. B	ox NOT accept:	able)		ereny.
, traine and <u>street address</u> of	r kirida registered agent. (r tot b	los <u>NOT</u> accepa	alone )	APR	- 5 
Name:	_Jonathan_Drackett			<u>ت ن</u>	
			_		1
Office Address:		Suite 214	_	200	200 a.
	Naples (Civ)		Florida <u>_34104</u> _	<u>tr</u>	
	•		(Zip code		
Registered agent's acceptanc				5-1 - C	
laving been named as registe	red agent and to accept service of	of process for the	e above stated limited	liability company at	the place
lesignated in this application,	I hereby accept the appointmen	t as registered a	gent and agree to act i	in this capacity. I fu	rther ag
o comply with the provisions of	of all statutes relative to the proj	per and complete	e performance of my a	luties, and I am fami	iliar with
ind accept the obligations of r	ny position as registered agent.	_			
	(Registered ager	n's signature)			
8. The name, title or canacity	and address of the person(s) who	hasthaw author	itu ta mangua islara:		
Title or Capacity:	Name and Address:		Capacity:	Name and Addres	
	Maine and Address.	<u>Thie of</u>	Capacity.	Name and Addres	<u></u>
Manager	William H. Drac	ckett			
	_3425_Radio_Road				
		104			
	Naples, Fl. 341	04			

(Use attachments if necessary)

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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.

la Signature of an authorized person

-Wi-l-l-iam-H. Drackett 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 FALCON UNITED NETWORK, LLC., an Ohio Limited Liability Company, Registration Number 1022473, was organized within the State of Ohio on August 12, 1998, 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 20th day of April, A.D. 2018.

Jon Haster

**Ohio Secretary of State** 

Validation Number: 201811001238