

M18000004322

(Requestor's Name)

(Address)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

MAY - 4 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MICHELLE CONSTRUCTION LLC.
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:

CHARLES W. SCHMALZRIED
Name of Person

MICHELLE CONSTRUCTION LLC
Firm/Company

4149 N. HOLLAND SYLVANIA ROAD SUITE #9
Address

TOLEDO OH 43623
City/State and Zip Code

CHUCK @ MICHELLECONSTRUCTION.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLES W SCHMALZRIED at (419) 392-8800
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:

- ☐ \$125.00 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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MICHELLE CONSTRUCTION LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
MICHELLE CONSTRUCTION OF FLORIDA, LLC
(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 "LLC.")
2. OHIO
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 46-2936173
(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. 4149 N. HOLLAND SYLVANIA
(Street Address of Principal Office)
SUITE 9 TOLEDO OHIO
43623
6. 1651 VINLAND WAY
(Mailing Address)
NAPLES FL
34105

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

Name: CHARLES SCHMALZRIED

Office Address: 1651 VINLAND WAY

NAPLES

(City)

Florida

34105

(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.

Charles W. Schmalzried
(Registered agent's signature)

8. The name, title or capacity 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:

MEMBER

CHARLES
SCHMALZRIED

4149 N. HOLLAND
SYLVANIA OH SUITE 49

TOLEDO OH 43623

(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.

Charles W. Schmalzried
Signature of an authorized person

CHARLES W. SCHMALZRIED

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 MICHELLE CONSTRUCTION, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2202796, was organized within the State of Ohio on May 28, 2013, 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 29th day of March, A.D. 2018.*

Jon Husted

Ohio Secretary of State

Validation Number: 201808801198



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2018

CHARLES SCHMALZRIED
4149 N HOLLAND SYLVANIA RD, STE 9
TOLEDO, OH 43623

SUBJECT: MICHELLE CONSTRUCTION, LLC
Ref. Number: W18000034272

We have received your document for MICHELLE CONSTRUCTION, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is P10000014261.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 318A00007361