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LIEBERMAN, DVORIN & DOWD, LLC
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Pepper Pike, Ohio 44124
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May 14, 2018

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

**RE: *Application by Foreign Limited Liability Company for Authorization to
Transact Business in Florida***


ENC: Application for 7799 Mentor, LLC

Please refer to the items checked below:

- ☒ **The enclosed is for your information and files.**
☐ The enclosed is for your further handling.
☐ Please record the enclosed on our behalf.
☐ A self-addressed, stamped envelope is enclosed.
☐ Please telephone our office for an appointment.
☐ Please forward a time-stamped copy of the enclosed back to this office.

Sincerely yours,

LIEBERMAN, DVORIN & DOWD, LLC


Amber N. Purdal

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 7799 MENTOR, 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:

GARY L. LIEBERMAN, ESQ.

Name of Person

LIEBERMAN, DVORIN & DOWD, LLC

Firm/Company

30195 CHAGRIN BLVD., STE 300

Address

PEPPER PIKE, OHIO 44124

City/State and Zip Code

GARY@LDDLEGAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARY LIEBERMAN

216

292-7776

at (_____) _____

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. 7799 MENTOR, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. _____
(FBI number, if applicable)

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

5. 2700 SABAL ALEXANDER CIRCLE
(Street Address of Principal Office)
LONGWOOD, FLORIDA 32779

6. 30195 CHAGRIN BLVD., STE 300
(Mailing Address)
PEPPER PIKE, OHIO 44124

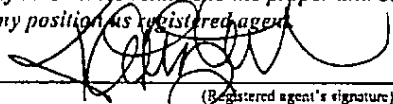
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: INCORP SERVICES, INC.

Office Address: 17888 67TH COURT NORTH
LOXAHATCHEE, Florida 33470
(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) Kathy Shin on behalf of InCorp Services, Inc.

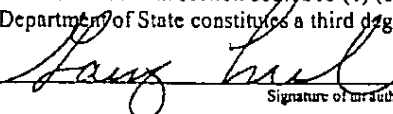
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---------------------------|--|---------------------------|--------------------------|
| MANAGING MEM. | ROBERT LEVIN P.O. BOX 711 MT. PLEASANT, PA 15666 | | |
| | | | |
| | | | |
| | | | |

(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 authorized person)

GARY L. LIEBERMAN, AUTHORIZED AGENT

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 7799 MENTOR, LLC, an Ohio Limited Liability Company, Registration Number 1703446, was organized within the State of Ohio on May 30, 2007, 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 30th day of April, A.D. 2018.

Jon Husted

Ohio Secretary of State

Validation Number: 201812002792