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TO:

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SUBJI		E ARE ONE SEV				
.,,,,,,,,				Limited Liability C	Company	
						nsact Business in Florida," Certificate company to transact business in Flori
Please	return ali	correspondence co	oncerning this matter to the	following:		
		Julie V. Fanelli				
			Na	ame of Person		
		Fanelli Law Fir	n, PA			
		·	Fi	rm/Company		•
•		5300 W. Cypres	ss St., Ste. 200			
				Address		
		Tampa, FL 336	07			
			City/S	tate and Zip Code		· · · · · · · · · · · · · · · · · · ·
		jfanelli@fanellila	w.com			
			E-mail address: (to be used	for future annual	report not	ification)
For fu	rther info	rmation concerning	g this matter, please call:			
	Julie V	V. Fanelli		813 at (384-482	26
		Name o	f Contact Person	Area Code	Day	time Telephone Number
	Division Registr P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314			Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301
Enclos		neck for the follow 5.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	ng Fee &	☐ \$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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If nurse unavailable, enter alternate s	arms adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limite	d Lisbility Comp	any," "L.L.C," o	7 "LÜC.")
Ohio		3.		•	
	hich foreign limited liability company is organized)	J(FEI	number, if applic	cable)	
•					
	(Date first transacted business in Florida, if prior to	registration.)	_ 		
24400 Chagrin Blvd.	(See socrings 605 0904 & 605,0905, F.S. to determ				
(Street Address of	rincipal Office)	6. 24400 Chagrin Blvd.	(Address)	-	~
Suite 200		Suite 200	•	7	2018
Beachwood, OH 4412	2	Beachwood, OH 4412	2	<u> </u>	FILL FILL FILL FILL FILL FILL FILL FILL
		 -		A: √S <u>≯</u>	
. Name and street addres	ss of Florida registered agent: (P.O. Bo)	x NOT acceptable)		SS #	<u> </u>
	Fanelli Law Firm, PA	<u> </u>		70	~~
Name:	Fallent Law Firm, FA			T	Á
Office Address:	5300 W. Cypress St., Ste. 200			93	ထ္
	Tampa	22607		<u> </u>	0.
	(City)	, Florida <u>33607</u>	ip code)	-,	
faving been named as re esignated in this applica o comply with the provisi	stance: registered agent and to accept service of tion, I hereby accept the appointment of the properties of all statutes relative to the properties of my position as registered agent.	process for the above stated lim as registered agent and agree to	nited liability act in this o my duties, a	capacity. I	further as
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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 WE ARE ONE SEVEN, LLC, an Ohio For Profit Limited Liability Company, Registration Number 3909141, was organized within the State of Ohio on June 1, 2016, 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 May, A.D. 2018.

Ohio Secretary of State

for Hastel

Validation Number: 201815004444