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			Name of	Limited Liability	Company					
			eign Limited Liability Com I to register the above refer							
Please r	eturn all co	rrespondence c	oncerning this matter to the	following:						
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For furt	her informa	tion concerning	this matter, please call:					-,	16	-
	ROBERT	F COHEN		813 at (932-74 _)					
		Name of	Contact Person	Area Code	Day	time Telephor	ne Numb	er		
	Division o Registration P.O. Box 6				Division of Registrati Clifton Bo 2661 Exce	ADDRESS: of Corporation on Section uilding cutive Center ce, FL 32301				
Enclosed		for the followi Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	ng Fe e &	☐ \$160.00 I of Status &			cate	

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:

(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	rida. The alternate	name must include "Limited Li-	ability Company," "LLC," or "LLC.")
2, OHIO		3. 40-	2084645	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI num	aber, if applicable)
4				·
	(Date linst transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) line penalty liability	y)	
5. 8315 KIMBERLY AN		6		
(Street Address of WESTCHESTER, O	-		(Mailing Add	dress)
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/. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT accep	etable)	V
Name:	ROBERT F COHEN	•	_	ω π
Office Address:	2918 BUSCH LAKE BLVD			> >
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Having been named as re	(City) otance: egistered agent and to accept service of p			d liability company at the place
designated in this applicate to comply with the provis	(Ciry)	s registered	he above stated limited agent and agree to act	d liability company at the place t in this capacity. I further agn
Having been named as re designated in this applica- to comply with the provis	(Ciry) oftunce: registered agent and to accept service of p ttion, I hereby accept the appointment a ions of all statutes relative to the proper	s registered to and comple	he above stated limited agent and agree to act	d liability company at the place t in this capacity. I further agn
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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 GOAL SETTER LLC, an Ohio For Profit Limited Liability Company, Registration Number 2406396, was organized within the State of Ohio on June 26, 2015, 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 11th day of June, A.D. 2018.

Ohio Secretary of State

for Huster

Validation Number: 201816202802