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## COVER LETTER

TO:

Registration Section

Div	ision of Corporation	15				
SUBJECT:	FIVE FORTY MAN	AGEMENT LLC				
		Name of I	imited Liability C	Company		
					nsact Business in Florida," Cert company to transact business in	
Please return	all correspondence c	oncerning this matter to the	following:			
	MICHAEL AT	rias .				
		Na	me of Person			
	540 INVESTM	ENT COMPANY				
	<del></del>	Fir	m/Company		· · · · · · · · · · · · · · · · · · ·	
	28601 CHAGF	RIN BLVD #500				
			Address			
	WOODMERE,	OH 44122				
	<del></del>	City/St	ate and Zip Code		<del></del>	
	MSATTIAS@M	SN.COM				
		E-mail address: (to be used	for future annual	report not	ification)	
For further is	nformation concerning	g this matter, please call:				
JO	SEPH SILVAGGIO		216 at (	621-11		
<del></del> -	Name o	f Contact Person	Area Code	Dayı	time Telephone Number	
Div Reg P.C	ALING ADDRESS: vision of Corporations gistration Section D. Box 6327 lahassee, FL 32314			Division of Registration But Clifton But 2661 Execution	ADDRESS: of Corporations on Section milding cutive Center Circle ce, FL 32301	
	a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fcc &	☐ \$160.00 Filing Fee, Certific of Status & Certified Copy	rate

## 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 alter	nate name adopted for the purpose of transacting business in Florida	a. The alternate name must include "Limite	d Liability Company," "L.L.C." or "LL.C.")
<sub>2.</sub> OHIO		3. 82-4976692	
(Jurisdiction under the law	of which foreign limited liability company is organized)	(FEI	number, if applicable)
4. 8-1-2018			<del>_</del>
	(Pate first transacted business in Florida, if prior to reg (See sections 605,0904 & 605,0905, F.S. in determine	nstration.) penalty l'ability)	
5.9 701 COLLINS A		6. 28601 CHAGRIN BLV	
(Street Address of Principal Office) BAL HARBOUR, FL 33154		WOODMERE, OH 44	Address) 122
			7. 25
· · ·			
7. Name and street ad	Idress of Florida registered agent: (P.O. Box 1	NOT acceptable)	2018 AUG SECRETALLAHA
	JEFFREY WEISS		TAR ASS
Name:			<u> </u>
Office Addre	9701 COLLINS AVE #1103		E P
	BAL HARBOUR	Florida <u>33</u> 154	
Registered agent's a	(Ciry)	(7 <sub>4</sub> )	p code)
	ovisions of all statutes relative to the proper a tions of my position as registered agent.		act in this capacity. I further agree my duties, and I am familiar with
	ovisions of all statutes relative to the proper a	nd complete performance of	
and accept the obliga	ovisions of all statutes relative to the proper a tions of my position as registered agent.  (Registered agent's sup	nd complete performance of (	my duties, and I am familiar with
and accept the obliga	ovisions of all statutes relative to the proper at tions of my position as registered agent.  (Registered agent's sup capacity and address of the person(s) who has/	nd complete performance of (	my duties, and I am familiar with
and accept the obligation of the same, title or	ovisions of all statutes relative to the proper at tions of my position as registered agent.  (Registered agent's sup capacity and address of the person(s) who has/	nd complete performance of to manage is/ar	my duties, and I am familiar with
8. The name, title or Title or Capacit	capacity and address of the person(s) who has/  Name and Address:  ELIE WEISS  3164 MIRO DRIVE NORTH	nd complete performance of the state of the	re:  Name and Address:  ZEV WEISS  3164 MIRO DRIVE NORTH
8. The name, title or Title or Capacit	capacity and address of the person(s) who has/  Name and Address:  ELIE WEISS	nd complete performance of the state of the	ny duties, and I am familiar with  e:  Name and Address:  ZEV WEISS
8. The name, title or Title or Capacit	capacity and address of the person(s) who has/  Name and Address:  ELIE WEISS  3164 MIRO DRIVE NORTH	nd complete performance of the state of the	re:  Name and Address:  ZEV WEISS  3164 MIRO DRIVE NORTH
8. The name, title or Title or Capacit	capacity and address of the person(s) who has/  Name and Address:  ELIE WEISS  3164 MIRO DRIVE NORTH	nd complete performance of the state of the	re:  Name and Address:  ZEV WEISS  3164 MIRO DRIVE NORTH
8. The name, title or Title or Capacity MEMBER	capacity and address of the person(s) who has/  Name and Address:  ELIE WEISS  3164 MIRO DRIVE NORTH  PB GARDENS, FL 33410	nd complete performance of the state of the	re:  Name and Address:  ZEV WEISS  3164 MIRO DRIVE NORTH
8. The name, title or Title or Capacity MEMBER  (Use attachments if n	capacity and address of the person(s) who has/  Name and Address:  ELIE WEISS  3164 MIRO DRIVE NORTH PB GARDENS, FL 33410  eccessary)	nature) have authority to manage is/ar Title or Capacity: MEMBER	ny duties, and I am familiar with  e:  Name and Address:  ZEV WEISS  3164 MIRO DRIVE NORTH PB GARDENS, FL 33410
8. The name, title or Title or Capacity MEMBER  (Use attachments if n	capacity and address of the person(s) who has/  Name and Address:  ELIE WEISS  3164 MIRO DRIVE NORTH PB GARDENS, FL 33410  eccessary)  cate of existence, no more than 90 days old, du	nature) have authority to manage is/ar Title or Capacity: MEMBER	e:  Name and Address:  ZEV WEISS  3164 MIRO DRIVE NORTH PB GARDENS. FL 33410
8. The name, title or Title or Capacity MEMBER  (Use attachments if n	capacity and address of the person(s) who has/  ELIE WEISS  3164 MIRO DRIVE NORTH PB GARDENS, FL 33410  eccessary)  cate of existence, no more than 90 days old, dullaw of which it is organized. (If the certificate in the string of the person (s) who has/  (Registered agent's supplementation of the person (s) who has/	nature) have authority to manage is/ar Title or Capacity: MEMBER	e:  Name and Address:  ZEV WEISS  3164 MIRO DRIVE NORTH PB GARDENS. FL 33410
8. The name, title or Title or Capacity MEMBER  (Use attachments if no 9. Attached is a certificity jurisdiction under the of the translator must	capacity and address of the person(s) who has/  ELIE WEISS  3164 MIRO DRIVE NORTH PB GARDENS, FL 33410  eccessary)  cate of existence, no more than 90 days old, dullaw of which it is organized. (If the certificate is be submitted)	nature) have authority to manage is/ar Title or Capacity: MEMBER	Name and Address:  ZEV WEISS  3164 MIRO DRIVE NORTH PB GARDENS. FL 33410
8. The name, title or Title or Capacity MEMBER  (Use attachments if n 9. Attached is a certification under the of the translator must	capacity and address of the person(s) who has/  ELIE WEISS  3164 MIRO DRIVE NORTH PB GARDENS, FL 33410  eccessary)  cate of existence, no more than 90 days old, dullaw of which it is organized. (If the certificate in the string of the person (s) who has/  (Registered agent's supplementation of the person (s) who has/	nature)  have authority to manage is/ar  Title or Capacity:  MEMBER  ally authenticated by the official is in a foreign language, a trans.	Name and Address:  ZEV WEISS  3164 MIRO DRIVE NORTH PB GARDENS. FL 33410  I having custody of records in the slation of the certificate under oath
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8. The name, title or Title or Capacity MEMBER  (Use attachments if n 9. Attached is a certification under the of the translator must	capacity and address of the person(s) who has/  Name and Address:  ELIE WEISS  3164 MIRO DRIVE NORTH PB GARDENS. FL 33410  cate of existence, no more than 90 days old, dullaw of which it is organized. (If the certificate is be submitted)  executed in accordance with section 605.0203 (ent to the Department of State constitutes a third	nature)  have authority to manage is/ar  Title or Capacity:  MEMBER  ally authenticated by the official is in a foreign language, a trans.	Name and Address:  ZEV WEISS  3164 MIRO DRIVE NORTH PB GARDENS. FL 33410  I having custody of records in the slation of the certificate under oath
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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 FIVE FORTY MANAGEMENT LLC, an Ohio For Profit Limited Liability Company, Registration Number 4153817, was organized within the State of Ohio on March 16, 2018, 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 3rd day of August, A.D. 2018.

Ohio Secretary of State

Validation Number: 201821503112