

M18000008817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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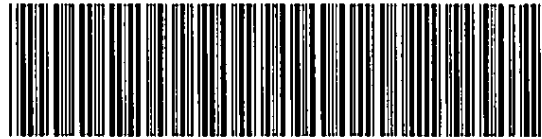
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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T SCHROEDER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: S.A.L.'S VEGETABLE TRANSPLANTS, 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:

JASON R. KELLEY

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

13700 RILEY RD.

\_\_\_\_\_  
Address

MILAN, OHIO 44846

\_\_\_\_\_  
City/State and Zip Code

JMRUTHSATZ@SBCGLOBAL.NET

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

For further information concerning this matter, please call:

JAMES L. RUTHSATZ

419

624-1040 X 6

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

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. S.A.L.'S VEGETABLE TRANSPLANTS, 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 3. 83-1468920  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 09/01/2018  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 13700 RILEY RD. 6. P.O. BOX 2237  
(Street Address of Principal Office) (Mailing Address)  
MILAN, OHIO 44846 SANDUSKY, OHIO 44871-2237

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

Name: JASON R. KELLEY  
Office Address: 8751 N W 240TH ST.  
OKEECHOBEE, Florida 34972  
(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.

X [Signature] 8/15/18  
(Registered agent's signature)

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>
<u>SINGLE MEMBER</u>	<u>JASON R. KELLEY</u> <u>13700 RILEY RD.</u> <u>MILAN, OHIO 44846</u>		

(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.

X [Signature] 8/15/18  
Signature of an authorized person

JASON R. KELLEY  
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 S.A.L.'S VEGETABLE TRANSPLANTS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4215310, was organized within the State of Ohio on July 31, 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 7th day of September, A.D. 2018.*

*Jon Husted*

Ohio Secretary of State

Validation Number: 201825001654