

MP9000000528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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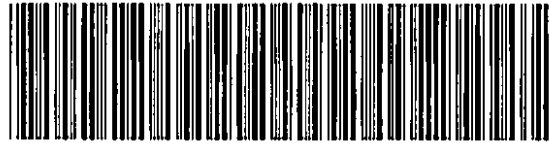
(Business Entity Name)

(Document Number)

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TALLAHASSEE FL 32310

C CAVE
JAN 15 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Complete CREDIT REPAIR SERVICES "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:

Charles R Sims SR.
Name of Person

Complete CREDIT REPAIR SERVICES
Firm/Company

4030 MOORE CARMEL TOBASCO ROAD SUITE 125
Address

Cincinnati Ohio 45255
City/State and Zip Code

Completecreditrepairservices@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles R Sims SR at (513) 528-2400 or 503-4415
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. Complete Credit Repair Services 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. 82-3876467
(FEI number, if applicable)

4. 1 FEBRUARY 2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4630 MIT CARMEL TERRACE RD SATE 1256
(Street Address of Principal Office) (Mailing Address)

CINCINNATI Ohio

45255

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

Name: URS Agents, LLC

Office Address: 3458 Lakeshore Drive

Tallahassee Florida 32312
(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.

URS Agents, LLC

by: Chris L Christian Eubanks, Assistant Secretary
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:

Name and Address:

☒ Manager

Name: CHARLES SIMS

☐ Member

Address: 948 CLOUGH PIKE

☐ Authorized

Cincinnati Ohio 45245

Person

Title or Capacity:

Name and Address:

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Manager

Name: Charles R Sims II

☒ Member

Address: 513 Main APT 1

☐ Authorized

Milford Ohio 45150

Person

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Manager

Name: Brandon L Sims

☒ Member

Address: 513 Main 57 APT 2

☐ Authorized

Milford Ohio 45150

Person

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Charles R Sims 01/02/2019
Signature of an authorized person

CHARLES R SIMS
Typed or printed name of signer

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 COMPLETE CREDIT REPAIR SERVICES, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4113177, was organized within the State of Ohio on December 22, 2017, 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 21st day of December, A.D. 2018.*

Jon Husted

Ohio Secretary of State

Validation Number: 201835500928