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Office Use Only



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Mselles

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Brown Horse Enterprises 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:
James Thomoson Name of Person
Firm/Company
POBOX 5/04
POBOX 5/04 Address Poland Oh/O 445/4 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James Thompson at (330) 507-5444 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$125.00 Filing Fee \$\Bigcup \$130.00 Filing Fee & \Bigcup \$155.00 Filing Fee & \Bigcup \$160.00 Filing Fee, Certificate of Status & Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	n Limited Liability Company; must include "Limited Liability Company; must include "Liability Company; must include "	ited Liability Company," "L.L.C.," or "LLC.") Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "Ll	
hursdiction under the law of	which foreign limited liability company is organized)	3. 83-319 4018 (FEI number, if applicable)	-
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605 0905, F.S. to deter	to registration.) mine penalty liability)	
1545 Th (Street Address o	alia AVC (Principal Office)	6. POBOX 5/04 (Mailing Address)	
Youngsto	wn OH 44514	Poland Olf 44514	_
ame and street addr	ess of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	
ame and street addre			na.
Name:	Robert Parhi 9127 N.W. 150		

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: Title or Capacity: Name and Address: Name: James Thompson Manager Manager Name: Address 40 Philose Ln **M**ember ☐ Member Address: Poland OH 44514 Authorized Authorized Person Person Other Other Other Other Name: _____ Manager Name: Member ☐ Member Address: Address: Authorized ☐ Authorized Person Person Other Other Other Other_____ Manager ■ Manager Name: Name: Member Address: Member Address: Authorized Authorized Person Person Other Other Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.



DATE ·01/17/2019 DOCUMENT ID 201901603400

DESCRIPTION DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG (LCP)

FILING 99.00

EXPED 0.00 CERT COPY 0.00

0.00

Receipt

This is not a bill. Please do not remit payment.

JAMES L THOMPSON 40 PHILROSE LN POLAND, OH 44514

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose 4280694

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

BROWN HORSE ENTERPRISES, LLC

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG

Effective Date: 01/16/2019

201901603400



United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 17th day of January, A.D. 2019.

Fred flow Ohio Secretary of State

Date of this notice: 01-17-2019

Employer Identification Number:

83-3194018

Form: SS-4

Number of this notice: CP 575 G

BROWN HORSE ENTERPRISES LLC JAMES THOMPSON SOLE MBR PO BOX 5104 POLAND, OH 44514

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-3194018. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is BROW. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.