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TO:	Registration Section Division of Corporation	s				
SUBJE	WARHOLIC LLC					
		Name of 1	Limited Liability (Company	_ 	
					nnsact Business in Florida," Certifica y company to transact business in Fl	
Please r	eturn all correspondence co	oncerning this matter to the	following:			
	CATHERINE V	VARHOLIC				
	-,	N:	ame of Person			
	WARHOLIC LI	LC				
		Fi	rnı/Company			
	8094 CAUSEW	AY BLVD. S.				
			Address			
	SAINT PETERS	SBURG, FL 33707				
		City/S	tate and Zip Code			
	CATHY@TURB	OTRONINC.COM				
		E-mail address: (to be used	l for future annual	report not	dification)	
For furt	her information concerning	this matter, please call:				
	JAMES A. PARK, CPA		440 at (277-90	20	
	Name of	Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Fl. 32314			Division Registrate Clifton B 266! Exc	of Corporations ion Section uilding recutive Center Circle iee, FL 32301	
Enclose	d is a check for the followi ☐ \$125.00 Filing Fee	ng amount: \$\Begin{align*} \begin{align*} a	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$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. INTHE STATE OF FLORIDA:

2. <u>OHIO</u>	ame adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Li	iability Company," "L.L.C," or "LL	.C")	
		3. 83-2446010			
(Jurisdiction under the law of wi	high foreign limited liability company is organized)	(PEI nun	nber, if applicable)	-	
4.					
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605 0905, F.S. to determ	registration) ine penalty liability)			
J	CATHERINE WARIOLIC		6. CATHERIN ∉ WARHOLIC		
(Street Address of Principal Office) 13811 US HIGHWAY 19 N.		(Mailing Ad 8094 CAUSEWAY BLVI		_	
CLEARWATER FL. 3		SAINT PETERSBURG, F	-		
	- 2			-	
7. Name and street address	s of Florida registered agent: (P.O. Box	: NOT acceptable)			
Name:	CATHERINE WARHOLIC		201 A		
Office Address:	8094 CAUSEWAY BLVD. S.		2019 JAN SECRUT TALLAH	Ą	
	CLEARWATER	, Florida <u>33707</u>		FEAR	
Registered agent's accep	tance: gistered agent and to accept service of p		무게 😤) <u>F</u>	
исыунинги ін ініх арриса	tion. I hereby accept the appointment a				
to comply with the provisi	tion, I hereby accept the appointment a fons of all statutes relative to the proper s of my position as registered agent.	is registered agent and agree to ac	t in this capacity. I furt	her agree	
to comply with the provisi	ons of all statutes relative to the proper	s registered agent and agree to ac r and complete performance of my	t in this capacity. I furt	her agree	
to comply with the provisi and accept the obligation	ions of all statutes relative to the proper s of my position as registered agent.	s registered agent and agree to ac and complete performance of my signature)	t in this capatry. I furt duties, and Irain fundili	her agree	
to comply with the provisi and accept the obligation	ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's	s registered agent and agree to ac and complete performance of my signature)	t in this capatry. I furt duties, and Irain fundili	her agree ar with	
to comply with the provisi and accept the obligation. 8. The name, title or capa	ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's acity and address of the person(s) who has	s registered agent and agree to ac r and complete performance of my signature)	et in this capacity. I Juri duties, and Icam funili	her agree ar with	
to comply with the provist and accept the obligation. 8. The name, title or capa Title or Capacity:	ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's acity and address of the person(s) who have and Address: MIKE WARHOLIC 12520 BUTLER RD	s registered agent and agree to act and complete performance of my signature) as/have authority to manage is/are: Title or Capacity:	Name and Address: CATHY WARHOL 12520 BUTLER RD	her agree ar with	
to comply with the provist and accept the obligation. 8. The name, title or capa Title or Capacity:	cons of all statutes relative to the proper is of my position as registered agent. (Registered agent's acity and address of the person(s) who have and Address: MIKE WARHOLIC	s registered agent and agree to act and complete performance of my signature) as/have authority to manage is/are: Title or Capacity:	et in this capacity. I furt duties, and Icain famili Name and Address:	her agree ar with	
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to comply with the provision and accept the obligation. 8. The name, title or capa Title or Capacity: PRES	ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's acity and address of the person(s) who has a Name and Address: MIKE WARHOLIC 12520 RUTLER RD WAKEMAN, OH 44889 MATT WARHOLIC 2396 RASSETT RD WESTLAKE OH 44145	s registered agent and agree to act and complete performance of my signature) as/have authority to manage is/are: Title or Capacity:	Name and Address: CATHY WARHOL 12520 BUTLER RD	her agree ar with	
to comply with the provisi and accept the obligation	ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's	s registered agent and agree to ac and complete performance of my signature)	t in this cupacity. duties, and kain	I Jure	

Typed or printed name of signee

CATHERINE WARHOLIC

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, 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 WARHOLIC, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4247642, was organized within the State of Ohio on October 25, 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 18th day of January, A.D. 2019.

Ohio Secretary of State

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Validation Number: 201901802612