

MP9000002109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

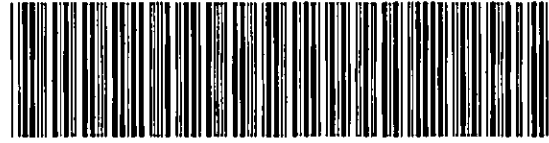
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 14202 BELMONT 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:

RONALD WITKOWSKI, ESQ.

Name of Person

RONALD WITKOWSKI, P.A.

Firm/Company

12177 KEN ADAMS WAY, STE. 151

Address

WELLINGTON, FL 33414

City/State and Zip Code

ron@ronaldwitkowskipa.com

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

For further information concerning this matter, please call:

RONALD WITKOWSKI, ESQ.

at (561)

227-1551

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$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. 14202 BELMONT 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. _____
(FEI number, if applicable)

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

5. 3600 KITZMILLER ROAD
(Street Address of Principal Office)

6. 3600 KITZMILLER ROAD
(Mailing Address)

NEW ALBANY, OHIO 43054
NEW ALBANY, OHIO 43054

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

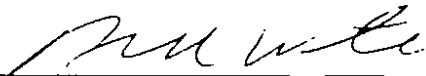
Name: RONALD WITKOWSKI, ESQ.

Office Address: 12177 KEN ADAMS WAY, STE. 151

WELLINGTON, Florida 33414
(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.


(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: JOHN C. WOLFF
 Member Address: 3600 KITZMILLER ROAD
 Authorized NEW ALBANY, OHIO 43054
Person
 Other Other

Manager Name: _____
 Member Address: _____
 Authorized
Person
 Other Other

Manager Name: _____
 Member Address: _____
 Authorized
Person
 Other Other

Title or Capacity: Name and Address:
 Manager Name: RONALD WITKOWSKI
 Member Address: 12177 KEN ADAMS WAY
 Authorized STE. 151
Person WELLINGTON, FL 33414
 Other Other


Manager Name: _____
 Member Address: _____
 Authorized
Person
 Other Other

Manager Name: _____
 Member Address: _____
 Authorized
Person
 Other Other

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.



Signature of an authorized person

RONALD WITKOWSKI

Typed or printed name of signer

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 14202 BELMONT LLC, an Ohio Limited Liability Company, Registration Number 1535669, was organized within the State of Ohio on April 14, 2005, 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 19th day of February, A.D. 2019.

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 201905002502