

M19000002899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

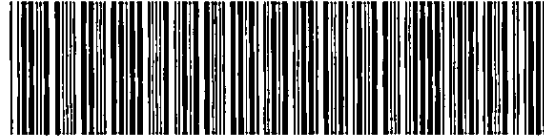
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 MAR 14 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
MAR 26 2019



FLAGEL & PAPAKIRK LLC
Attorneys

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(513) 984-8111
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Kellie Morales
Legal Assistant
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March 13, 2019

VIA OVERNIGHT MAIL:

Division of Corporations
Registration Section
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Re: G3SE, LLC
Foreign Limited Liability Company**

Dear Sir or Madam:

Enclosed please find the following listed below:

- Cover Letter
- Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida
- Certificate of Existence

Also enclosed is a check in the amount of \$125.00 representing payment toward the filing fee. Please see that the above reference LLC is registered to transact business in Florida.

Please call our office with any questions or concerns. Thank you.

Sincerely,

A handwritten signature in cursive script that reads 'Kellie Morales'.

Kellie Morales
Legal Assistant

/encls.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: G3SE, 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:

Paul Lewandowski

Name of Person

Flagel & Papakirk LLC

Firm/Company

50 E Business Way, Suite 410

Address

Cincinnati, Ohio 45241

City/State and Zip Code

siskdavidw@gmail.com

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

For further information concerning this matter, please call:

Paul Lewandowski

513 287-8945
at ()

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. G3SE, 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. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4600 McAuley Place, 4th Floor
(Street Address of Principal Office)

Cincinnati, Ohio 45242

6. 4600 McAuley Place, 4th Floor
(Mailing Address)

Cincinnati, Ohio 45242

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

Name: David Sisk

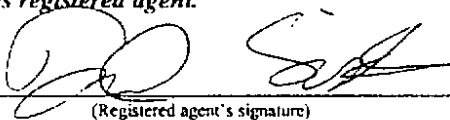
Office Address: 198 Sonata Drive

Jupiter, Florida 33478
(City) (Zip code)

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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: Andy Danner

☐ Member Address: 4600 McAulcy Place, 4th Floor

☒ Authorized Cincinnati, Ohio 45242

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: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

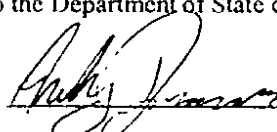
Person _____

☐ 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.

 ^{Per}
Authorization

Signature of an authorized person

Andy Danner

Typed or printed name of signee

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 G3SE, LLC, an Ohio For Profit Limited Liability Company, Registration Number 3909463, was organized within the State of Ohio on June 2, 2016, 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 8th day of March, A.D. 2019.

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

Ohio Secretary of State

Validation Number: 201906700698