

M19000005286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

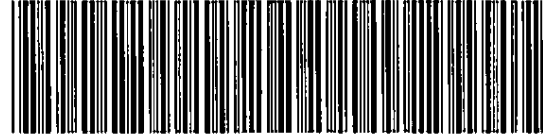
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/10/18--01003--007 **78.75

04/05/19--01014--013 **46.25

05/15/19--01003--004 **538.75

2019 MAY 30 AM 8:50
SECRETARY OF STATE
ALASKA STATE COURT

FILED

MAY 31 2019

M. SOLOMON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2019

DANIEL GOEBEL
5975 BOYMEL DRIVE
FAIRFIELD, OH 45014

SUBJECT: DDMI, LLC
Ref. Number: W19000036983

We have received your document for DDMI, LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 519A00010506

2019 MAY 23 PM 8:43

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DDMI, 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:

DANIEL GOEBEL
Name of Person

DDMI, LLC
Firm/Company

5975 BOYMEL DRIVE
Address

FAIRFIELD, OHIO 45014
City/State and Zip Code

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

For further information concerning this matter, please call:

Dan Goebel at (513) 659-4222
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. DDMI, 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 3. 82-5174431
(Jurisdiction under the law of which foreign limited liability company is organized) (PIN number, if applicable)

4. 4/18/2018
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5975 Boymel Drive 6. 5975 Boymel Drive
(Street Address of Principal Office) (Mailing Address)

Fairfield, Ohio 45014 Fairfield, Ohio 45014

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

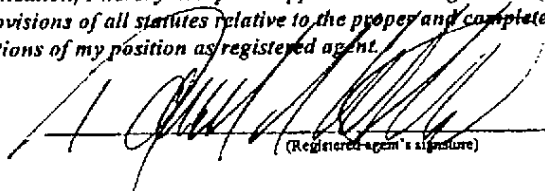
Name: Ronald S. Webster

Office Address: 800 N. Collier Blvd. #203

Marcó Island 34145
(City) Florida (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)

SECRETARY OF STATE
JANUARY 1, 2019

2019 MAY 30 AM 8:50

FILED

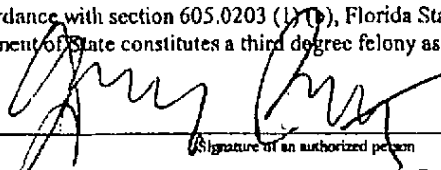
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>	<u>Title or Capacity:</u>		<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name:	DANIEL GORBEL	<input type="checkbox"/> Manager	Name:	
<input checked="" type="checkbox"/> Member	Address:	5975 BOYMEL DR.	<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized		FAIRFIELD, OH 45014	<input type="checkbox"/> Authorized		
Person			Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name:	DOUGLAS BETZ	<input type="checkbox"/> Manager	Name:	
<input checked="" type="checkbox"/> Member	Address:	5975 BOYMEL DR.	<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized		FAIRFIELD, OH 45014	<input type="checkbox"/> Authorized		
Person			Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:		<input type="checkbox"/> Manager	Name:	
<input type="checkbox"/> Member	Address:		<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized			<input type="checkbox"/> Authorized		
Person			Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> 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
DOUGLAS H BETZ

Typed or printed name of signer

2019 MAY 30 AM 8:50
SECRETARY OF STATE
TAL KHANSAF P. 10/19/19

FILED

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 DDML, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4158304, was organized within the State of Ohio on April 5, 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 30th day of May, A.D. 2019.*

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

Ohio Secretary of State