M1900006856

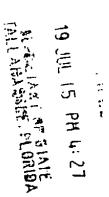
(Re	equestor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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B KINSE JUL ^{1 6}



June 5, 2019

ERIC FULKERT 725 DUNWOODIE DR CINCINNATI, OH 45230

SUBJECT: INNERSYNC STUDIO LLC

Ref. Number: W19000053726

We have received your document for INNERSYNC STUDIO LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

On line #1, place the name exactly how it is on the certificate of existence. On the alternate name line, place the name exactly how it is on thecertificate of existence, along with a corporate suffix,

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Brooke N Kinsey Regulatory Specialist II

Letter Number: 219A00011181

RECENTED JUN 1 7 2019

COVER LETTER

TO:

TO:	Registration Section Division of Corporations					
	Innersync Studio LLC					
SUBJ	Name of Limited Liability Company					
The er Existe	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cert e, and check are submitted to register the above referenced foreign limited liability company to transact business in					
Please	turn all correspondence concerning this matter to the following:					
	Eric Fulkert					
	Name of Person					
	Innersync Studio LLC					
	Firm Company					
	725 Dunwoodie Dr					
	Address					
	Cincinnati, Ohio, 45230					
	City/State and Zip Code					
	eric@campussuite.com					
	E-mail address: (to be used for future annual report notification)					
For fu	ier information concerning this matter, please call:					
	E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: Eric Fulkert Name of Contact Person Area Code Daytime Telephone Number					
	Name of Contact Person Area Code Daytime Telephone Number					
	MAILING ADDRESS:STREET ADDRESS:F.Division of CorporationsDivision of CorporationsF.Registration SectionRegistration SectionF.P.O. Box 6327Clifton BuildingClifton 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. S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, S155.00 Certificate of Status Certified Copy of Status & Certified					

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

	TION 605,0902, FLORIDA STATUTES, THE ISINESS IN THE STATE OF FLORIDA:	FOLLOWING IS SUBMITTED TO REGISTER	A FOREIGN LIMITED LIV
		STUDIO, LTD.	
INNERS	YNC STUDIO #	LLC	
ell name unavailable, eister alternate n	ame adopted for the purpose of transacting bikiness in I	forida. The alternate name must include "I muted Liability	
Ohio		31-1635	748
(Eurisdiction under the law of w.	high foreign limited liability company is organized)	(F14 number,	it applicable)
None			
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605 0908, US to deter		
725 Dunwoodie Dr		725 Dunwoodie Dr	
(Street Address of	Principal Office)	(Mailing Address	1
Cincinnati Ohio 45230		Cincinnati, Ohio 45230	1
7. Name and <u>street address</u>	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	19 J
Name:	Registered Agents Inc.		JUL 15
Office Address:	7901 4th St N STE 300		LIS PH 4:27
	St. Petersburg	33702 Florida	ן: 27 קואור פואום
	(City)	(Zip code)	Þ
designated in this applicato comply with the provis	egistered agent and to accept service of tion, I hereby accept the appointment	f process for the above stated limited li as registered agent and agree to act in er and complete performance of my du	this capacity. I further
	(Registered agen	('s signature)	

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorimanage [up to six (6) total]: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name: Eric Fulkert Manager | Name: Manager Address: 1331 Tolley Wood Dr Member Address: ∠Member Fairfield, Ohio 45014 Authorized []Authorized Person Person Other___ Other___ Other_______ Other___ Name: _____ Name: Manager Manager Member ☐ Member Address: Authorized Authorized Person Person Othe:_____ Other____ Other____ Other Manager | Name: _______ Manager Member | Member | Authorized Authorized Person 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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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. Stenature of an authorized person

Typed or printed name of signee.

Eric Fulkert

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 INNERSYNC STUDIO, LTD., an Ohio For Profit Limited Liability Company, Registration Number 3864137, was organized within the State of Ohio on February 16, 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 9th day of May, A.D. 2019.

Ohio Secretary of State

Ful John

Validation Number: 201912901404