

M190 00007570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

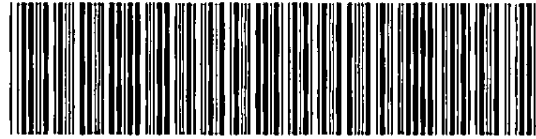
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W19-69137 cert

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07/20/19 FILED

FILED
19 AUG - 7 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS

AUG 07 2019

FAX

TO:	Octavia L. Simmons-FL Dept. of State	FROM:	Scott Long-The On Off Company LLC
FAX:	850-245-6030	FAX:	
PHONE:		PHONE:	805-501-2933
SUBJECT:	DE Cert. of Good Standing	DATE:	August 7, 2019

COMMENTS: Here is the document you will need to finish processing our FL Dept. of State Filing
Reference #W19000069137

RECEIVED
19 AUG - 7 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FL 32399

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The On Off Company 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:

Scott M. Long

Name of Person

The On Off Company LLC

Firm/Company

1122 Pomeo Ave.

Address

Sarasota, FL 34236

City/State and Zip Code

scottl@twinlaketech.com

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

For further information concerning this matter, please call:

Scott M. Long

805

501-2933

Name of Contact Person

at (_____) _____
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. The On Off Company 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. Delaware 3. 84-2357980
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. August 1, 2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1122 Pomelo Ave 6. 1122 Pomelo Ave.
(Street Address of Principal Office) (Mailing Address)
Sarasota, FL 34236 Sarasota, FL 34236

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

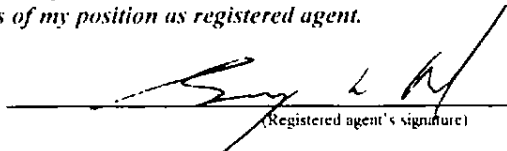
Name: Gary W. Peal

Office Address: 240 S. Pineapple Avenue, 6th Fl

Sarasota . Florida 34236
(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)

FILED
19 AUG - 7 PM 1:03
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF SARASOTA
FLORIDA

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: Scott Long
☒ Member Address: 1122 Pomelo Ave.
☐ Authorized Sarasota, FL 34236
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: Shawn Dressler
☒ Member Address: 1011 16th St.
☐ Authorized Lynchburg, VA 24504
Person _____
☐ Other _____ ☐ Other _____

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

Title or Capacity: **Name and Address:**

☒ Manager Name: Susanna Long
☒ Member Address: 1122 Pomelo Ave.
☐ Authorized Sarasota, FL 34236
Person _____
☐ Other _____ ☐ Other _____

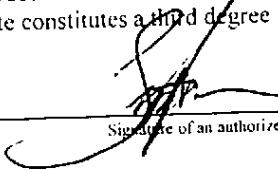
☒ Manager Name: Jessica Dressler
☒ Member Address: 1011 16th St.
☐ Authorized Lynchburg, VA 24504
Person _____
☐ Other _____ ☐ Other _____

☐ 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

Scott Long

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE ON OFF COMPANY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE ON OFF COMPANY LLC" WAS FORMED ON THE NINTH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7506565 8300

SR# 20196343632

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203350874

Date: 08-05-19