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**Foreign Limited Liability Company  
LITHIKO RESTORATION TECHNOLOGIES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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**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. Lithko Restoration Technologies, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Ohio  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 01-0817704  
(File number; optional)

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

5. Lithko Restoration Technologies, LLC  
(Street Address of Principal Office)  
  
990 N. Main Street, P.O. Box 569  
  
Monroe, OH 45050

6. Lithko Restoration Technologies, LLC  
(Mailing Address)  
  
990 N. Main Street, P.O. Box 569  
  
Monroe, OH 45050

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

Name: National Registered Agents, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.*

By: National Registered Agents, Inc. James M. Halpin  
(Registered agent's signature) (Assistant Secretary)

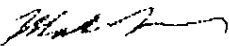
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Baker Construction Enterprises Inc.	<input type="checkbox"/> Manager	Name: Matthew J. Glasshagel
<input checked="" type="checkbox"/> Member	Address: 900 N. Garver Road	<input checked="" type="checkbox"/> Member	Address: 990 N. Main Street,
<input type="checkbox"/> Authorized	Monroe, OH 45050	<input type="checkbox"/> Authorized	P.O. Box 569
Person		Person	Monroe, OH 45050
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Daniel L. Baker	<input type="checkbox"/> Manager	Name:
<input checked="" type="checkbox"/> Member	Address: 900 N. Garver Road	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	Monroe, OH 45050	<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

Matthew J. Glasshagel  
 \_\_\_\_\_  
 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 LITHKO RESTORATION TECHNOLOGIES, LLC, an Ohio Limited Liability Company, Registration Number 1489922, was organized within the State of Ohio on September 23, 2004, is currently in FULL FORCE AND EFFECT upon the records of this office.*

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OFFICE OF THE SECRETARY OF STATE  
COLUMBUS, OHIO



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 8th day of August, A.D. 2019.*

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

Ohio Secretary of State

Validation Number: 201922001142