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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SCOTT
AUG 12 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2019

SHARON SOWERS
900 CENTRAL PARKE CIRCLE
APT:304
LAKELAND, FL 33805

SUBJECT: EIGHTYEIGHT, LLC
Ref. Number: W19000069543

We have received your document for EIGHTYEIGHT, LLC and your check(s) totaling $160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 719A00015718

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EIGHTEIGHT 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:

SHARON SOWERS
Name of Person

EIGHTYEIGHT LLC
Firm/Company

900 CENTRAL PARK CIRCLE, OAK APT 304
Address

LAKELAND FL 33805
City/State and Zip Code

SMSHOEMAKER@ATT.NET
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

SHARON SOWERS at (937) 272-5370
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 [illegible], FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. [illegible] 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.")

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

3. [illegible]
(FEI number, if applicable)

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

5. [illegible] CENTRAL PARK CIR/APT 304
LAKELAND, FL [illegible]
(Street Address of Principal Office)

6. [illegible] CENTRAL PARK CIR/APT 304
LAKELAND FLORIDA [illegible]
(Mailing Address)

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

Name: [illegible]

Office Address: [illegible] CENTRAL PARK CIR / APT 304

LAKELAND (City), Florida [illegible] (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)

8. For initial indexing purposes: list names, title or capacity and addresses of the primary members, managers or persons authorized to manage (use attachment if needed):

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☐ Manager	Name [illegible]	☐ Manager	Name [illegible]
☒ Member	Address [illegible]	☒ Member	Address [illegible] HAZEL DR
☐ Authorized	[illegible]	☐ Authorized	[illegible]
Person	[illegible]	Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name [illegible]	☐ Manager	Name [illegible]
☒ Member	Address [illegible]	☒ Member	Address 6499 WINTER HAZEL DR
☐ Authorized	[illegible]	☐ Authorized	LIBERTY TOWNSHIP OH 45044
Person	[illegible] FL [illegible]	Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name	☐ Manager	Name
☐ Member	Address	☐ Member	Address
☐ Authorized		☐ Authorized	
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other

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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

____
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 EIGHTYEIGHT LLC, an Ohio For Profit Limited Liability Company, Registration Number 4282400, was organized within the State of Ohio on January 21, 2019, is currently in FULL FORCE AND EFFECT upon the records of this office.

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Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 9th day of August, A.D. 2019.

Ohio Secretary of State

Validation Number: **201922101324**