

W19000009157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

W190000084792

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TALLAHASSEE, FLORIDA

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✓



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2019

ERIC J. WITTENBERG
5131 POST ROAD
SUITE:100
DUBLIN, OH 43017

SUBJECT: SERVICES BY SIGNATURE, LLC
Ref. Number: W19000084792

We have received your document for SERVICES BY SIGNATURE, 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):

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: 919A00019358

RECEIVED
SEP 30 2019

JOHN W. COOK
DOUGLAS S. SLADOJE
ERIC J. WITTENBERG
JOSHUA M. SIMPONS
JESSE A. MEADE

COOK, SLADOJE & WITTENBERG

5131 POST ROAD, SUITE 100, DUBLIN, OH 43017

P: 614-230-0670 • F: 614-221-5777

September 3, 2019

Division of Corporations
Registration Section
P. O. Box 6327
Tallahassee, FL 32314

Re: Services by Signature, LLC

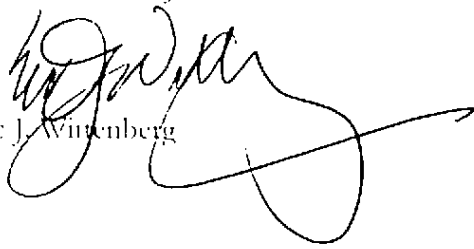
Dear Sir or Madam:

Along with our check for \$125.00, enclosed please find the Application by Services by Signature, LLC, an Ohio limited liability company, for Authorization to Transact Business in Florida. Please process the same in the ordinary course and then return the certificate to me. Thank you.

Should you have questions or comments regarding any of the foregoing, please feel free to contact me.

Very truly yours,

COOK, SLADOJE & WITTENBERG CO., L.P.A.


Eric J. Wittenberg

EJW/me
cc: Client
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Services by Signature, 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:

Eric J. Wittenberg

Name of Person

COOK, SLADOJE & WITTENBERG CO., L.P.A.

Firm/Company

5131 Post Road, Suite 100

Address

Dublin, OH 43017

City/State and Zip Code

eric@cswcolpa.com

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

For further information concerning this matter, please call:

Eric J. Wittenberg

614

230-0670

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. Services By Signature, 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," "LLC," or "LLC.")

Ohio

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

3. (FEI number, if applicable)

August 1, 2019

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

7243 Sawmill Road

5. (Street Address of Principal Office)

6. (Mailing Address)

, Suite 205

Dublin, OH 43016

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

Name: Thomas Floyd

Office Address: 5197 Far Oak Circle

Sarasota, Florida 34238
(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)

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: Thomas Floyd

☒ Member Address: 1271 Heron Nest Ct.

☐ Authorized Columbus, OH 43240

Person _____

☒ Other President ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Brian Sumption

☒ Member Address: 3838 Equestrian Ct.

☐ Authorized Columbus, OH 43221

Person _____

☒ Other CEO ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

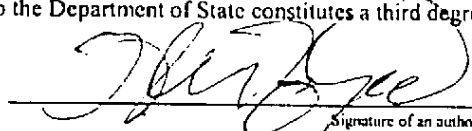
Person _____

☐ 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

Thomas Floyd, Member

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 SERVICES BY SIGNATURE LLC, an Ohio For Profit Limited Liability Company, Registration Number 2267940, was organized within the State of Ohio on February 11, 2014, is currently in FULL FORCE AND EFFECT upon the records of this office.

RECEIVED
SEP 23 2019
PM 3:11
TALLAHASSEE, FLORIDA



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 23rd day of September, A.D. 2019.

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

Ohio Secretary of State

Validation Number: 201926602648