

M190000009915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

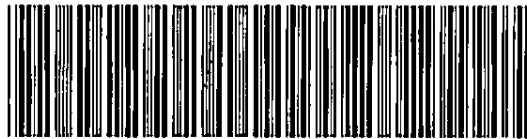
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to *name miss**
inmate cert
W19-79563

10/17

Office Use Only



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FILED
19 OCT -7 PM 5:58
MILWAUKEE, WI

08/26/19--01006--015 **160.00

10/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2019

KARL MILLIRON
PO BOX 1026
MANSFIELD, OH 44901

SUBJECT: EZ ROUTE MANAGEMENT SOLUTIONS
Ref. Number: W19000079563

2019 OCT -7 PM 12:52

We have received your document for EZ ROUTE MANAGEMENT SOLUTIONS and your check(s) totaling \$160.00. 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.

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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 719A00019645



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2019

KARL MILLIRON
PO BOX 1026
MANSFIELD, OH 44901

SUBJECT: EZ ROUTE MANAGEMENT SOLUTIONS
Ref. Number: W19000079563

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

You failed to make the correction(s) requested in our previous letter.

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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 019A00018687

RECEIVED
SEP 20 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EZ ROUTE MANAGEMENT SOLUTIONS

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:

KARL MILLIRON

Name of Person

EZ ROUTE MANAGEMENT SOLUTIONS

Firm/Company

PO BOX 1026

Address

MANSFIELD, OH 44901

City/State and Zip Code

reshank@aol.com

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

For further information concerning this matter, please call:

ROGER SHANK, CPA

Name of Contact Person

at 419

Area Code

525-1515

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. EZ MANAGEMENT SOLUTIONS, 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. OHIO

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

3. 46-1459890

(FEI number, if applicable)

4. 9/1/2019

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

5. 5260 MARE CREEK DRIVE

(Street Address of Principal Office)

6. P.O. BOX 1026

(Mailing Address)

CRESTVIEW, FL 32539

MANSFIELD, OH 44901

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

Name:

Northwest Registered Agent LLC

Office Address:

7901 4th St N STE 300

St. Petersburg

(City)

Florida

33702

(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.

Tom Glover

(Registered agent's signature)

19 OCT -7 PM 5:58
CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

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: KARL MILLIRON

☐ Member Address: 2375 ST RT 39 NW

☐ Authorized MANSFIELD, OH 44903

Person _____

☒ Other: OFFICER ☐ Other: _____

☐ Manager Name: JIM MCKINNEY

☐ Member Address: 2375 ST RT 39 NW

☐ Authorized MANSFIELD, OH 44903

Person _____

☒ Other: OFFICER ☐ Other: _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other: _____ ☐ Other: _____

Title or Capacity: Name and Address:

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other: _____ ☐ 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.

Karl Milliron
Signature of an authorized person

KARL MILLIRON
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 EZ MANAGEMENT SOLUTIONS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2148785, was organized within the State of Ohio on November 5, 2012, 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 17th day of September, A.D. 2019.

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

Ohio Secretary of State

Validation Number: 201926003060