Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : TRIAD PROFESSIONAL SERVICES

Account Number : I20160000008 Phone : (850)777-2091

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Enter the email address for this business entity to be used for future, annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company 535 Point Lane, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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November 7, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TRIAD PROFESSIONAL SERVICES

SUBJECT: 535 POINT LANE, LLC

REF: W19000098357

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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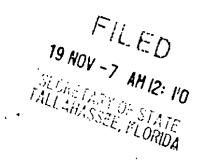
Yvette Scott FAX Aud. #: E19000327740
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COVER LETTER

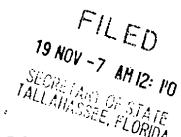
SUBIOTE.	535 Point Lane, LLC	;			
SUBJECT:	Name of Limited Liability Company				
				ation to Transact Business in Flor ted liability company to transact t	
Please return	i all correspondence co	oncerning this matter to the	following:		
	Brian Kocak			•	
		. Na	ime of Person		_
	Dickinson Wrig	hi PLLC			
		Fi	m/Company		
	150 E. Gay Stre	et, Suite 2400			
			Address		
	Columbus, OH	43215			
	City/State and Zip Code				
	bkocak@dickinso	n-wright.com	-		
		E-mail address: (to be used	for future annua.	report notification)	_
For further i	nformation concerning	this matter, please call:			
Bri	an Koçak		614 al (744-2581	
	Name of	Contact Person	Ares Code	Daytime Telephone Numb	er er
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Ff. 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 266! Executive Center Circle Tallahassee, FL 32301		
	losed is a check for the	e following amount: e to: FLORIDA DEPART	MRNT OF STAT	T E	
	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Stat	\$155.00	Filing Fee & S160.00 Fil	ing Fee, Certificate Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FUREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 535 Point Lane, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL.C.," or "LLC.") (If name unwealable, enter alternate same adopted for the purpose of transacting business in Florida, The alternate same must include "Limbed Liability Company," "LEC," or "LLC.") Ohio 6740 N. Hwy A1A P.O. Box 3544 (Street Address of Principal Office) Ft. Pierce, Florida 34949 Boardman, Ohio 44513 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Sarah Cavanaugh Name: 350 East Las Olas Boulevard, Suite 1750 Office Address: Fi. Lauderdale (Cliy) 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.



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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Kenneth L. Cooper Manager Manager Name: P.O. Box 3544 Momber | Address: Member | Address: Boardman, Ohio 44513 Authorized ☐ Authorized Person Person _______Other______ Other Other_ Other_ Manager Manager Name: ____ Name: Member ☐ Member Address: _____ Authorized Authorized Person Person ___Other_____ Other____ Other Other_ Manager Name: Manager ■ Member ☐Member Authorized Authorized Person Person Other_ Other____ Other Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 5.817.155, F.S.



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 535 POINT LANE, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4393606, was organized within the State of Ohio on October 17, 2019, 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 22nd day of October. A.D. 2019.

Ohio Secretary of State

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Validation Number: 201929502330