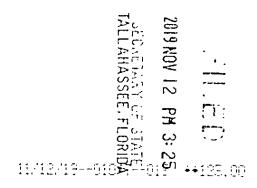
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(Re	equestor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## E S 4 COVER LETTER .

TO:	Registration Section Division of Corporation	15	٠			
SÜBJI	LT Exteriors Lt/C	ጱ			<b>t</b> :	P S
SUBJ	ect:	Name of	Limited Liability (	Company		
		reign Limited Liability Comp d to register the above refer				
Please	return all correspondence of	concerning this matter to the	following:			
	Timothy Laug	hery			70	
		N	ame of Person		1.EC:	1.1
	LT Exteriors, l	LC			20.19 MOV 12	
	-	F	irm/Company	-	PH SEE.	
	820 Barnes B	lvd Suite D7			FLO	
			Address	· ·	RIC. CS	S J
	Rockledge, F	L 32955			<i>y</i>	
	<del></del>	City/S	tate and Zip Code			
	laugherytim@	gmail.com				
		E-mail address: (to be use	d for future annual	report noti	ification)	
For fu	rther information concerning	g this matter, please call:				
	Timothy Laughery		321 at (	704-02	09	
	Name c	Contact Person	Area Code	Dayı	time Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registration But 2661 Execution	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, F1, 32301	
Enclos	sed is a check for the follow ■ \$125.00 Filing Fee	ing amount;  \$\infty\$ \$\frac{1}{2}\$\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cof Status & Certified Cop	

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Carrier and the control of	arms adopted for the purpose of transacting business in Flo	wide 'The -	Permute manus cruss jumbuda *1 imus-d 1 inl	hilm Common THE LOT or METOTS
	ame adopted for the purpose of transacting our ness in Fig.			oniny Company, 1212C, or 121C.)
OHIO	nich foreign limited liability company is organized)	3.	27-3321625	per, if applicable)
<b>\</b>				•
	(Date first transacted business in Florida, if prior to			
	(See sections 605.0904 & 605.0905, F.S. to determ	ine penalty	tiability)	
LT Exteriors, LLC		6.	LT Exteriors, LLC	7 23
(Street Address of F 3901 Highland Ave	Principal Office)		(Mailing Add	Was in the second
Shadyside, OH 4394	17		Shadyside, OH 43947	NON S
Shadyside, Ori 4394			Siladyside, Oli 43947	<u>-5.5.</u>
				SA2 P
Name and street address	ss of Florida registered agent: (P.O. Box	K <u>NOT</u>	acceptable)	二二二 二
Name:	Timothy Laughery		<del></del>	$\mathcal{L}_{0}$ $\omega$
	820 Barnes Blvd Suite D7			濟 25
Office Address:	020 Barries Biva Gaile D7		<del></del>	P
	Rockledge		Florida 32955	
egistered agent's accep	(Crty)		•	
,	s of my position as registered agent.	signature)		duties, and I am familiar w
·	Begistered agent's	_	authority to manage is/are:	
,	· ->-	as/have	authority to manage is/are:	Name and Address:
. The name, title or capa	(Registered agent's acity and address of the person(s) who h	as/have		
The name, title or capa Title or Capacity:	acity and address of the person(s) who h  Name and Address:  Timothy Laugher  820 Barnes Blvd	as/have		
. The name, title or capa Title or Capacity:	acity and address of the person(s) who h  Name and Address:  Timothy Laugher	as/have		
. The name, title or capa Title or Capacity:	neity and address of the person(s) who h  Name and Address:  Timothy Laugher  820 Barnes Blvd  Suite D7	as/have		
. The name, title or capa <u>Title or Capacity:</u>	acity and address of the person(s) who h  Name and Address:  Timothy Laugher  820 Barnes Blvd	as/have		
. The name, title or capa <u>Title or Capacity:</u>	Degistered agent's acity and address of the person(s) who have and Address:  Timothy Laugher  820 Barnes Blvd Suite D7  Rockledge	as/have		
. The name, title or capa  Title or Capacity:  MGR	Acity and address of the person(s) who have and Address:  Timothy Laugher  820 Barnes Blvd  Suite D7  Rockledge  Florida 32955	as/have		
The name, title or capa  Title or Capacity:  MGR  Use attachments if neces	Acity and address of the person(s) who hame and Address:  Timothy Laugher  820 Barnes Blvd Suite.D7  Rockledge Florida 32955	as/have T	itte or Capacity:	Name and Address:
. The name, title or capa  Title or Capacity:  MGR  Use attachments if neces  Attached is a certificate	acity and address of the person(s) who h  Name and Address:  Timothy Laugher  820 Barnes Blvd Suite.D7  Rockledge Florida 32955 sary)  of existence, no more than 90 days old.	as/have T	thenticated by the official ha	Name and Address:
B. The name, title or capa  Title or Capacity:  MGR  Use attachments if neces  Attached is a certificate prisidiction under the law	Timothy Laugher  820 Barnes Blvd Suite D7  Rockledge Florida 32955  Sary)  of existence, no more than 90 days old, of which it is organized. (If the certifica	as/have T	thenticated by the official ha	Name and Address:
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## 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 LT EXTERIORS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 1958186, was organized within the State of Ohio on August 24, 2010, 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 6th day of November, A.D. 2019.

**Ohio Secretary of State** 

Validation Number: 201931001510