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t SUBJECT:	🥦 UDDIN FAMILY LL	.C		•	••	T),	<b>4</b> ),	∢.		
SUBJECT.		1	Name of Limited	d Liability	Compan	y			<del></del>	
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Please return a	all correspondence co	ncerning this matt	ter to the follow	ing:						
	ALA UDDIN						-	ر آ اکارت ا	38.	
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For further inf	ormation concerning	E-mail address: (t		iture annua	l report r	otificati	on)			
Al.A	UDDIN		6 at (	514	6870	879				
	Name of	Contact Person		Area Code	D	aytime	relephon	e Numb	er	
Divis Regis P.O. 1	LING ADDRESS: ion of Corporations stration Section Box 6327 hassee, FL 32314				Division Registr Clifton 2661 E	ation Se Buildin	rporation ction g : Center			
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## 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:

name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	orida The alternate name must include "Limited Liability Company," "L.L.C," or "L.L.C,"
ОНЮ		2376617 / FEIN: 47-348978
(Jurisdiction under the law of w	nich foreign limited liability company is organized)	(FEI number, if applicable)
NOV 14, 2019		DEC -
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	o registration.) nine penalty liability)
8943 GUILDER ST (Street Address of I		o registration.) nine penalty liability)  8943 GUILDER ST  6. (Mailing Address)  (Mailing Address)
(Street Address of I	Tincipal Office)	
POWELL, OH 43065  Name and street address	ss of Florida registered agent: (P.O. Bo	POWELL, OH 43065  POWELL, OH 43065  x NOT acceptable)
Name and street addres	ss of Florida registered agent: (P.O. Bo.  ALA UDDIN	POWELL, OH 43065
		POWELL, OH 43065
Name and street address Name:	ALA UDDIN 1500 Apalachee Pkwy Tallahassee	NOT acceptable)  32301  Florida
Name and street address Name:	ALA UDDIN 1500 Apalachee Pkwy	NOT acceptable)

(Registered agent's signature)

Title or Capacity:	Name and Address:	Title or Capacity	<u>Name and Address:</u>
Manager	Name: ALA UDDIN	Manager	Name:
Member	Address:	☐ Member	Address:
Authorized	OWELL, OH 43065	☐ Authorized	
Person		Person	7ALE 19
OtherPRESIDEN	0ther	Other	
☐Manager ☐Member	Name:		Name: FLOF STATE  Address: 8
Authorized		Authorized	10Pi 8
Person		Person	
Other	Other	Other	Other
□Manager	Name:	Manager	Name:
Member	Address:	☐ Member	Address:
Authorized		☐ Authorized	
Person		Person	
Other	Other	Other	Other
indexed individuals  9. Attached is a cert jurisdiction under the of the translator must 10. This document is seen to be	se an attachment to report more than six (6 may be added to the index when filing your ifficate of existence, no more than 90 days of elaw of which it is organized. (If the certificate be submitted)  s executed in accordance with section 605.0 ment to the Department of State constitutes a	r Florida Department of Sta old, duly authenticated by th icate is in a foreign languag 0203 (1) (b), Florida Statute	te Annual Report form.  The official having custody of records in the sec, a translation of the certificate under oather.  The second s

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 UDDIN FAMILY, LLC, an Ohio For Profit Limited Liability, Company, Registration Number 2376617, was organized within the State of Ohio on March 16, 2015, 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 10th day of November, A.D. 2019.

1 fore

**Ohio Secretary of State** 

Validation Number: 201931400692