

M19 0000 11970

\_\_\_\_\_ (Requestor's Name) \_\_\_\_\_

\_\_\_\_\_ (Address) \_\_\_\_\_

\_\_\_\_\_ (Address) \_\_\_\_\_

\_\_\_\_\_ (City/State/Zip/Phone #) \_\_\_\_\_

PICK-UP     WAIT     MAIL

10/28/19--01011--006 \*\*180.00

\_\_\_\_\_ (Business Entity Name) \_\_\_\_\_

\_\_\_\_\_ (Document Number) \_\_\_\_\_

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

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2019 DEC 17 PM12:15  
REGISTRY OF STATE  
ATTORNEY GENERAL,  
ALASKA STATE OFFICE

CL  
12/27/19



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 6, 2019

2019 DEC 17 PM12:15  
RECEIVED  
FLORIDA DEPARTMENT OF STATE  
ATTACHMENT  
FLORIDA

STEVE SCHEEL  
2473 OLD STATE RD N  
NORWALK, OH 44857

SUBJECT: STEVE'S HONEY PRODUCTS LLC  
Ref. Number: W19000097861

We have received your document for STEVE'S HONEY PRODUCTS LLC and your check(s) totaling \$130.00. 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.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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) 245-6939.

Tammi Cline  
Regulatory Specialist III

Letter Number: 119A00022910

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Steve's Honey Products LLC DBA Steve's Bees

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:

Steve Schell

Name of Person

## Steve's Bees

**Firm/Company**

2473 Old State Rd N

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**Address**

Norwalk, OH 44857

**City/State and Zip Code**

Scheel5@twc.com

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

For further information concerning this matter, please call:

Steve Scheel 419 577-8238  
Name of Contact Person at ( ) 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:

Enclosed is a check for the following amount:  
Please make check payable to: FLORIDA DEPARTMENT OF STATE

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 TRANACT BUSINESS IN THE STATE OF FLORIDA:

1. Steve's Honey Products, LLC.  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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.")

Norwalk, OH 44857

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

3. \_\_\_\_\_ (EIN number, if applicable)

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

5. 2473 Old State Rd N  
(Street Address of Principal Office)

6. \_\_\_\_\_ (Mailing Address)

THE UNIVERSITY OF FLORIDA  
AT LAHASSE, FLORIDA

Norwalk OH 44857

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

Name: Edwin B. (0/0)

Office Address: 22586 and 22504 SW Hammock River Rd

Indiantown, Florida 34956  
(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Steve Scheel 2473 old state rd n Norwalk, OH 44857	<input type="checkbox"/> Manager	Name: Mick Cole
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Person _____	<input type="checkbox"/> Authorized	Person _____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <sup>owner</sup> _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Edwin M. Cole</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>377 Leon Rd, Suite 114</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Anson Lakes, Oh</u> <u>44012</u>	<input type="checkbox"/> Authorized	Person _____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Person _____	<input type="checkbox"/> Authorized	Person _____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

2019 DEC 17 PM12:15  
FLORIDA DEPARTMENT OF STATE  
REGISTRATION  
EDWIN M. COLE

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

Edwin M. Cole  
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 STEVE'S HONEY PRODUCTS, LLC., an Ohio For Profit Limited Liability Company, Registration Number 1923073, was organized within the State of Ohio on March 16, 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 2nd day of December, A.D. 2019.

A black rectangular box containing a handwritten signature of "Frank LaRose".

Ohio Secretary of State

Validation Number: 201933604124