

✓ 12000000981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

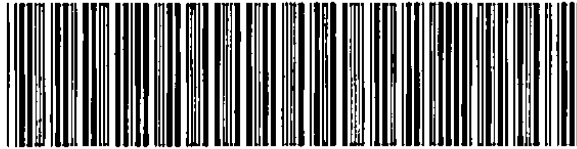
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TALLAHASSEE, FLORIDA

5 ✓



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2019

IANCY OSGOOD
31 47TH STREET
NARASOTA, FL 34234

SUBJECT: THE OSGOOD GROUP, LLC
Ref. Number: W19000108515

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TALLAHASSEE, FLORIDA

We have received your document for THE OSGOOD GROUP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 (904) 245-6051.

Scott
Document Specialist II

Letter Number: 519A00025451

RECEIVED
JAN 21 2020

COVER LETTER

Registration Section
Division of Corporations

THE OSGOOD GROUP, LLC

F: _____
Name of Limited Liability Company

used "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of
and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Turn all correspondence concerning this matter to the following:

NANCY OSGOOD

Name of Person

THE OSGOOD GROUP, LLC

Firm/Company

731 47th STREET

Address

SARASOTA, FL 34234

City/State and Zip Code

NANCY@THEOSGOODGROUP.COM

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

NANCY OSGOOD at (440) 343-6537

Name of Contact Person 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:

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

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

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

OSGOOD GROUP, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

Available, 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."

46-1590449

3.

(FEI number, if applicable)

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

, 2019

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

731 47TH STREET

731 47TH STREET

6.

(Mailing Address)

(Street Address of Principal Office)

SARASOTA, FL

SARASOTA, FL

34234

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

NANCY OSGOOD

Name:

731 47TH STREET

Office Address:

SARASOTA

34234

(City)

, Florida

(Zip code)

Registered agent's acceptance:

I, Nancy Osgood, being named as registered agent and to accept service of process for the above stated limited liability company at the place
in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree
with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with
the obligations of my position as registered agent.

(Registered agent's signature)

11-14-19

for indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to sign (up to six (6) total):

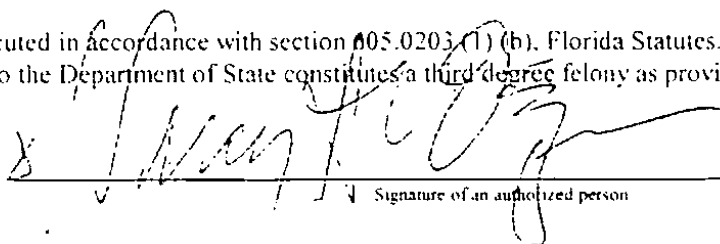
<u>Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
r	Name: NANCY OSGOOD	<input type="checkbox"/> Manager	Name: _____
r	Address: 731 47TH STREET	<input type="checkbox"/> Member	Address: _____
zed	SARASOTA, FL 34234	<input type="checkbox"/> Authorized	_____
	_____	Person	_____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
r	Name: _____	<input type="checkbox"/> Manager	Name: _____
r	Address: _____	<input type="checkbox"/> Member	Address: _____
zed	_____	<input type="checkbox"/> Authorized	_____
	_____	Person	_____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
r	Name: _____	<input type="checkbox"/> Manager	Name: _____
r	Address: _____	<input type="checkbox"/> Member	Address: _____
zed	_____	<input type="checkbox"/> Authorized	_____
	_____	Person	_____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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TALLAHASSEE, FLORIDA

Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-individuals may be added to the index when filing your Florida Department of State Annual Report form.

This 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 by a notary public must be submitted)

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. I am aware that any false information provided on this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

x 

Signature of an authorized person

NANCY OSGOOD

Typed or printed name of signer

11-14-19

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

, 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 THE OSGOOD GROUP, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2157181, was organized within the State of Ohio on January 1, 2013, is currently in FULL FORCE AND EFFECT upon the records of this office.

FILED
JAN 14 2020
OFFICE OF THE SECRETARY OF STATE
COLUMBUS, OHIO



Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 14th day of January, A.D. 2020.

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

Ohio Secretary of State

Validation Number: 202001404538