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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Ви | rsiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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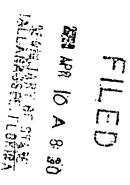
Office Use Only

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T. LE'ZIEUX

DAVID J. SIMMONS & ASSOCIATES, LLC

DAVID J. SIMMONS, J.D., M. TAX, L.L.M. (ESTATE PLANNING) PHONE: 330,499,8899 BOARD CERTIFIED WILLS, TRUSTS & ESTATE ATTORNEY (FLORIDA BAR) FAX: 330,499,1714 BOARD CERTIFIED SPECIALIST IN ESTATE PLANNING, TRUST AND PROBATE LAW (OHIO BAR) FELLOW AMERICAN COLLEGE OF TRUST AND ESTATE COUNSEL MEMBER OF OHIO, FLORIDA & NEW YORK BARS

E-MAIL: dsimmons@djsestatelaw.com

March 27, 2020

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

> Dragonfly Smart Home LLC Re:

Dear Sir or Madam:

Enclosed please find the following documents to register the above referenced foreign limited liability company to transact business in Florida:

- -Cover Letter to the Registration Section of the Division of Corporations:
- -Application to Transact Business in Florida; and,
- -A check in the amount of \$125.00 made payable to the Florida Department of State to cover the filing fee.

In addition, please find a copy of the application to be time-stamped and returned in the selfaddressed envelope provided. Should you have any questions, please contact me at 330-499-8899 or by e-mail: mhochstetler@djsestatelaw.com.

With best regards.

Matthew R. Hochstetler,

MRH/bas Enclosures

COVER LETTER

| | Registration Section Division of Corporations | | | | | |
|------------------------|---|--|--|--|--|--|
| SUBJEC | Dragonfly Smart Home LLC | | | | | |
| 3000 | | of Limited Liability Company | | | | |
| The enclo Existence | sed "Application by Foreign Limited Liability (, and check are submitted to register the above r | Company for Authorization to Transact Business in Florida,* Certificate of referenced foreign limited liability company to transact business in Florida. | | | | |
| Please ret | urn all correspondence concerning this matter to | the following: | | | | |
| | Matthew Hochstetler | | | | | |
| | | Name of Person | | | | |
| | David J. Simmons & Associates, LLC | | | | | |
| | Firm/Company | | | | | |
| | 4690 Munson St. Suite B | | | | | |
| | Address | | | | | |
| | Canton, OH 44718 | | | | | |
| | Ci | ty/State and Zip Code | | | | |
| | mhochstetler@djsestatelaw.c | om | | | | |
| | E-mail address: (to be | used for future annual report notification) | | | | |
| For further | r information concerning this matter, please call | l: | | | | |
| ħ | Matthew Hochstetler | at (330) 499-8899 | | | | |
| - | Name of Contact Person | Area Code Daytime Telephone Number | | | | |
| _ | failing Address: Legistration Section | Street Address: Registration Section | | | | |
| | Division of Corporations | Division of Corporations | | | | |
| | .O. Box 6327 | The Centre of Tallahassee | | | | |
| T | 'allahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | |
| P | nclosed is a check for the following amount: lease make check payable to: FLORIDA DEPA \$ \$125.00 Filing Fee | & 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate | | | | |



April 9, 2020

MATTHEW HOCHSTETLER 4690 MUNSON ST STE B CANTON, FL 44718

SUBJECT: DRAGONFLY SMART HOME LLC

Ref. Number: W20000036344

We have received your document for DRAGONFLY SMART HOME 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):

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) 245-6051.

Letter Number: 320A00007647

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

| lopted for the purpose of transacting business in Flori reign limited liability company is organized) Auto first transacted business in Florida, if prior to reg for sections 605 0904 & 605 0905, F.S. to determine | 84-4884498 | | | |
|---|--|---|--|--|
| | 3 | nber, if applicable) | | |
| | 3. (FEI our | nber, if applicable) | | |
| hate first transacted business in Florida, if prior to reg- ice auctions 605 0904 & 605,0905 F.S. to desermine | | (FEI number, if applicable) | | |
| ate first transacted business in Florida, if prior to region assistant 605 0904 & 605 0901 F.S. to determine | | | | |
| ······································ | istration.) passify liability) | | | |
| 8315 Oxford Circle NW | | | | |
| ect Address of Principal Office) | | | | |
| Massillon, OH 44646 | | Naples, Florida 34105 | | |
| | | | | |
| 0 N. Ocean Blvd. #33 | | FIL MARIO | | |
| derdale by the Sea | 33308 , Florida | | | |
| (City) | (Zip code) | <u> </u> | | |
| ed agent and to accept service of pro I hereby accept the appointment as r | egistered agent and agree to act | in this capacity. I further | | |
| | n R. Werren O N. Ocean Blvd. #33 Iderdale by the Sea (Chy) It agent and to accept service of profit hereby accept the appointment as refail statutes relative to the proper an | Florida registered agent: (P.O. Box NOT acceptable) In R. Werren O N. Ocean Blvd. #33 Inderdale by the Sea (City) (City) The description of process for the above stated limited in the set of process for the above stated limited in the set of fall statutes relative to the proper and complete performance of my | | |

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: _ Marilyn Grandjean □Manager □ Manager Address: 260 Edgemere Way East 8315 Oxford Circle NW ■ Member **≅** Member Massillon, OH 44646 Naples, Florida 34105 □ Authorized ☐ Authorized Person Person Other_ □ Other ☐ Other Other____ □ Manager Name: _____ Manager Name: ______ ☐ Member Address: ☐ Member Address: □ Authorized ☐ Authorized Person Person Other___ Other ☐Other__ □Other___ ☐ Manager Name: ____ ☐ Manager Name: _____ □ Member Address: ____ ☐ Member Address: ____ ☐ 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. 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.

Typed or prissed and of signer Marilyn Grandjean

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 DRAGONFLY SMART HOME LLC, an Ohio For Profit Limited Liability Company, Registration Number 4437869, was organized within the State of Ohio on February 14, 2020, 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 April, A.D. 2020.

Ohio Secretary of State

Fred for

Validation Number: 202010102318