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WFO-32803

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MTI Enterprises Limited Liability Company
Name of Limited Liability Company

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:

Benjamin Moeller

Name of Person

MTI Enterprises Limited Liability Company

Firm/Company

6200 FL-544

Address

Winter Haven, FL 33881

City/State and Zip Code

ben@moellertrucking.com

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

For further information concerning this matter, please call:

Benjamin Moeller

419

925-4799

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2020

BENJAMIN MOELLER
6200 FL-544
WINTER HAVEN, FL 33881

SUBJECT: MTI ENTERPRISES LIMITED LIABILITY COMPANY
Ref. Number: W20000036803

We have received your document for MTI ENTERPRISES LIMITED LIABILITY COMPANY and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer 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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 820A00007788

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:

1. MTI Enterprises Limited Liability Company

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

MTI Enterprises of Ohio 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.")

2. Ohio

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

3. 34-1861625

(FBI 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)

8100 Industrial Drive

5. (Street Address of Principal Office)

Maria Stein, OH 45860

8100 Industrial Drive

6. (Mailing Address)

Maria Stein, OH 45860

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

Name: Taylor & Associates, Attorneys at Law, P.L.L.C.
c/o J.W. Taylor

Office Address: 20 3rd Street SW

Winter Haven

(City)

Florida 33880

(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.

/s/ J.W. Taylor

(Registered agent's signature)

FILED
2023 APR 14 A 9 05
TALLAHASSEE, FLORIDA

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Arthur Greg Moeller</u>
<input checked="" type="checkbox"/> Member	Address: <u>43 Spring LN</u>
<input type="checkbox"/> Authorized	<u>Haines City, FL 33844</u>
Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

☐ Manager Name: Curtis Moeller

☒ Member Address: 1696 Clune-Stucke Rd.

☐ Authorized Maria Stein, OH 45860

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Benjamin Moeller</u>
<input checked="" type="checkbox"/> Member	Address: <u>2029 Green Timber Trail</u>
<input type="checkbox"/> Authorized	<u>Minster, OH 45865</u>
Person	<u></u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

☐ Manager Name: Michael Moeller

☒ Member Address: 40 South State St.

☐ Authorized Chickasaw, OH 45826

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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)

Bijan Muller
Signature of an authorized person

Benjamin Moeller

Typed or printed name of signer

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 MTI ENTERPRISES LIMITED, an Ohio Limited Liability Company, Registration Number LL7367, was organized within the State of Ohio on January 16, 1998, 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 26th day of March, A.D. 2020.*

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

Ohio Secretary of State

Validation Number: 202008601676