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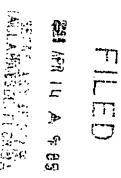
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COVER LETTER

Name of Limited Liability Company

TO: * Registration Section Division of Corporations

SUBJECT:

35%

MTI Enterprises Limited Liability Company

Benjamin Moeller		
	Name of Person	
MTI Enterprises Limited Liability Co	mpany	
	Firm/Company	
6200 FL-544		
	Address	,
Winter Haven, FL 33881		
	City/State and Zip Code	
ben@moellertrucking.com		
	e used for future annual r	eport notification)
		eport notification)
E-mail address: (to b	all: 419	eport notification) 925-4799
E-mail address: (to be er information concerning this matter, please ca	all:	
E-mail address: (to be er information concerning this matter, please can be a Benjamin Moeller Name of Contact Person Mailing Address:	all: 419 at (Area Code Street Address:	925-4799 Daytime Telephone Number
E-mail address: (to be er information concerning this matter, please can be a Benjamin Moeller Name of Contact Person Mailing Address: Registration Section	all: 419 at (925-4799 Daytime Telephone Number
E-mail address: (to be er information concerning this matter, please can be	all: 419 at (Daytime Telephone Number Ction Tporations
E-mail address: (to be er information concerning this matter, please can be a Benjamin Moeller Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327	at (at (Area Code Street Address: Registration Sec Division of Cor The Centre of T	Daytime Telephone Number ction rporations Callahassee
E-mail address: (to be er information concerning this matter, please can be	at (at (Area Code Street Address: Registration Sec Division of Cor The Centre of T	Daytime Telephone Number Ction Toporations Callahassee See Street, Suite 810



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

www.sunbiz.org

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Lumined Chapterly Company, make include Eliminen Cl	ability Company," "L L.C," or "LLC")	
	MTI Enterprises o	f chio LLC	,
no unavailable, anter alternate a	same adopted for the purpose of transacting business in Flurid	a The alternate name mun include "Limited Liability Co.	mpany," "L L.C," or "LLC.
hio		34-1861625	
Jurisdiction under the law of w	high foreign limited liability company is organized)	3. (FBI number, il appli	scable)
	(Date first transacted business in Florida, if prior to regi (See sections 605.0904 & 605.0905, F.S. to determine p	stration.) coulty limbility)	
8100 Industrial Drive		8100 Industrial Drive	
st Address of Principal Office)		6. (Mailing Addicts)	
Maria Stein, OH 45860	1	Maria Stein, OH 45860	
Inme and street addres	s of Florida registered agent: (P.O. Box N	OT acceptable)	
Name and <u>street addres</u> . Name:	ss of Florida registered agent: (P.O. Box No. 1) Taylor & Associates, Attorneys at Law, c/o J.W. Taylor		THE PORT I
	Taylor & Associates, Attorneys at Law,		
Name:	Taylor & Associates, Attorneys at Law, c/o J.W. Taylor		
Name:	Taylor & Associates, Attorneys at Law, c/o J.W. Taylor		THE PARTY OF THE P

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:
□Manager	Name: Arthur Greg Moeller	□Manager	Name: Benjamin Moeller
■Member	Address: 43 Spring LN	■Member	Address: 2029 Green Timber Trail
□Authorized	Haines City, FL 33844	☐ Authorized	Minster, OH 45865
Person		Person	
Other	Other	Other	Other
□Manager	Name: Curtis Moeller	□Manager	Name: Michael Moeller
■Member	Address:	■Member	Address: 40 South State St.
□Authorized	Maria Stein, OH 45860	□Authorized	Chickasaw, OH 45826
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.

Bigan h	Julh	
-12	Signature of an authorized person	•
Benjamin Moeller		
	Typed or printed name of sugges	



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.

Ohio Secretary of State

Ful flore

Validation Number: 202008601676