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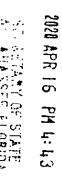
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

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Registration Section

TO:

	e of Limited Liability Company	
losed "Application by Foreign Limited Liability ce, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Cert referenced foreign limited liability company to transact business in	
eturn all correspondence concerning this matter t	o the following:	
Michael J. Stbile, PhD.		
	Name of Person	
FutureNow Consulting LLC		
	Firm/Company	
8545 Sevilla Court		
	Address	
Naples, Florida 34114		
C	ity/State and Zip Code	
mstabile@futurenowed.com		
E-mail address: (10 be	used for future annual report notification)	
ner information concerning this matter, please ca	II:	
Michael J. Stabile	513 460-1015	
Name of Contact Person	at ()	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

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: FutureNow Consulting, 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 "L.L.C,") Ohio 75-3114111 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605-0904 & 605-0905, F.S. to determine penalty liability) 8545 Sevilla Court 8545 Sevilla Court (Mailing Address) (Street Address of Principal Office) Naples, FL 34114 Naples, FL 34114 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Michael J. Stabile, PhD Name: 8545 Se villa Court Office Address: Naples 34114 (City)

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.

一<u> / Latin Michael J. Stabile</u>

& 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]:

Tirk or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
™ blanager	Michael J. Stabile, PhD Name:	□Manager	Pamela A. Stabile Name:
∐:Me mber	8545 Sevilla Court Address:	□Member	8545 Sevilla Court Address:
□Authorized	Naples, FL 34114	■ Authorized	Naples, FL 34114
Person		Person	
□Other	Other	□Other	Other
∏M anager	Name:	□Manager	Name:
□ Me mber	Address:	□Member	Address:
□Auth orized		□Authorized	
Person		Person	2028
□Other	Other	□Other	Other ST PO
⊡Ma nager	Name:	□Manager	Name:
∐Me mber	Address:	□Member	Address:
□Authori zed		□Authorized	
Person		Person	
⊡Other	Other	□Other	Other

<u>Important Notice:</u> 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.

_ Stabile, PhD.

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 FUTURENOW CONSULTING, LLC, an Ohio Limited Liability Company, Registration Number 1376015, was organized within the State of Ohio on March 18, 2003, 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 20th day of April, A.D. 2020.

Ohio Secretary of State

Fred John

Validation Number: 202011103720



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 8, 2020

MICHAEL J. STABILE, PHD **FUTURENOW CONSULTING LLC** 8545 SEVILLA COURT NAPLES, FL 34114

LC For Processing SUBJECT: FUTURENOW CONSULTING, LLC

Ref. Number: W20000035903

We have received your document for FUTURENOW CONSULTING, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon Regulatory Specialist II Supervisor

Letter Number: 020A00007525

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