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(Business Entity Name)

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W2-63207

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20 JUL -2 PM 3:21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mark One Manufacturing, L.L.C.
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:

Justin Spillers

Name of Person

Mark One Manufacturing, Ltd

Firm/Company

351 Industrial Drive

Address

Minster, Ohio 45865

City/State and Zip Code

justin.spillers@markonemfg.com

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

For further information concerning this matter, please call:

Nicholas J. Testa

Name of Contact Person

at (419)

Area Code

628-4405

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

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

Mark one Manufacturing Ltd, 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 3. 47-3582799
(Jurisdiction under the law of which foreign limited liability company is organized) (Fid 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)

5. 351 Industrial Drive 6. 351 Industrial Drive
(Street Address of Principal Office) (Mailing Address)

Minster, Ohio 45865 Minster, OH 45865

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

Name: EUGENE TESTA

Office Address: 19859 GARDENIA DR.

JUPITER Florida 33469-2183
(City) (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.

Eugene Testa
(Registered agent's signature)

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Justin R. Spillers</u>	<input type="checkbox"/> Manager	Name: Justin <u>Doug Langer</u>
<input checked="" type="checkbox"/> Member	Address: <u>351 Industrial Dr</u>	<input checked="" type="checkbox"/> Member	Address: <u>351 Industrial Dr</u>
<input type="checkbox"/> Authorized	<u>Minster, Ohio 45865</u>	<input type="checkbox"/> Authorized	<u>Minster, Ohio 45865</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Lee Mueller</u>	 <input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>351 Industrial Dr</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Minster, OH 45865</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

Signature of an authorized person

Justin R. Spillers
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 MARK ONE MANUFACTURING, LTD., an Ohio For Profit Limited Liability Company, Registration Number 2376132, was organized within the State of Ohio on March 16, 2015, 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 18th day of June, A.D. 2020.*

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

Ohio Secretary of State

Validation Number: 202017001240



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2020

JUSTIN SPILLERS
MARK ONE MANUFACTURING, LTD
351 INDUSTRIAL DRIVE
MINSTER, OH 45865 US

SUBJECT: MARK ONE MANUFACTURING, LTD
Ref. Number: W20000063207

We have received your document for MARK ONE MANUFACTURING, LTD 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):

The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." Please add the appropriate designation to the name of your limited liability company or to the alternate name you have selected for the state of Florida, if your name is unavailable in this state. The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Laura D Chang
Regulatory Specialist II

Letter Number: 420A00012314

*7/2 spoke with Nick Testa
to correct suffix*