

mao000000 6583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

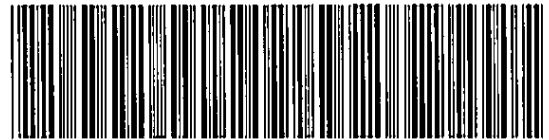
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300344028073

05/11/20--01040--022 \*\*125.00

RECEIVED  
JUL 28 2020  
11:44 AM  
FBI - NEW YORK

RECEIVED  
JUL 28 2020  
11:44 AM  
FBI - NEW YORK

RECEIVED  
JUL 28 2020  
11:44 AM  
FBI - NEW YORK

WJO-48433

JUL 28 2020  
11:44 AM  
FBI - NEW YORK

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MIT2BC

\_\_\_\_\_  
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:

Matthew R. Hochstetler

\_\_\_\_\_  
Name of Person

David J. Simmons & Associates LLC

\_\_\_\_\_  
Firm/Company

4690 Munson St. NW, Suite B

\_\_\_\_\_  
Address

Canton, Ohio 44718

\_\_\_\_\_  
City/State and Zip Code

mhochstetler@djsestatelaw.com

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

For further information concerning this matter, please call:

Matthew R. Hochstetler

330

499-8899

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

May 18, 2020

MATTHEW R. HOCHSTER  
4690 MUNSON ST NW STE B  
CANBTON, OH 44718

SUBJECT: MIT2BC, LLC  
Ref. Number: W20000048433

We have received your document for MIT2BC, 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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 020A00009960

RECEIVED

JUL 28 2020

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. MIT2BC, 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 "LLC.")

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

3.   
(FEI 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. 168 Woodlawn Ave. NW  
(Street Address of Principal Office)

6. 168 Woodlawn Ave. NW  
(Mailing Address)

Canton, OH 44708

Canton, OH 44708

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

Name: V. Lenora Walter

Office Address: 4237 - 27th Ct. SW, Apt. 102

Naples, Florida 34116  
(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.

V. Lenora Walter  
(Registered agent's signature)

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:**

☒ Manager Name: Travis Secrest  
☒ Member Address: 168 Woodlawn Ave NW  
☒ Authorized Canton, Ohio 44708  
Person  
☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Joshua Stephens  
☒ Member Address: 85 East 200th Street  
☐ Authorized Euclid, Ohio 44119  
Person  
☐ Other ☐ Other

☐ Manager Name: Daren Rosenberger  
☒ Member Address: 220 Winston Ave NE  
☐ Authorized North Canton, Ohio 44720  
Person  
☐ Other ☐ Other

☐ Manager Name: Troy Secrest  
☒ Member Address: 1644 Hagley Road  
☐ Authorized Toledo, Ohio 43612  
Person  
☐ Other ☐ Other


☐ Manager Name: Matthew Stephens  
☒ Member Address: 102 Winding River Lane  
☐ Authorized Simpsonville, SC 29681  
Person  
☐ Other ☐ Other

☐ Manager Name: Adam Rosenberger  
☒ Member Address: 120 Leighton Lane  
☐ Authorized Akron, Ohio 44319  
Person  
☐ 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.

  
\_\_\_\_\_  
Signature of an authorized person

Travis Secrest

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 MIT2BC, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4443300, was organized within the State of Ohio on February 28, 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 22nd day of July, A.D. 2020.*

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

Ohio Secretary of State

Validation Number: 202020403708