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(Business Entity Name)

(Document Number)

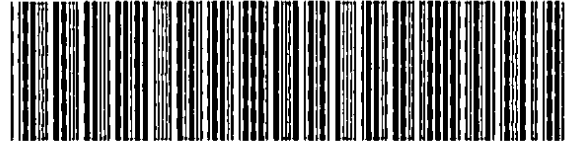
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2nd Refect
W20000088843

W20000079186

Office Use Only



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07/10/20--01008--000 *\$160.00

FILED
202 AUG 21 PM 2:02
CLERK OF DISTRICT COURT
JULIA ROSE-THOMAS

202 AUG 21 PM 3:48
CLERK OF DISTRICT COURT
JULIA ROSE-THOMAS
FLORIDA

US
8/24/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2020

MICHAEL G. ROSICHAN
PO BOX 163236
ALTAMONTE SPRINGS, FL 32716

SUBJECT: COMPUCHAN, LLC
Ref. Number: W20000088843

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

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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.

Yvette Scott
Document Specialist II

Letter Number: 920A00015285

RECEIVED
AUG 21 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. CompuChan, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

CompuChanFL, 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. The State of Ohio
(Jurisdiction under the law of which foreign limited liability company is organized)

3. N/A
(FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration;
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Mike Rosichan
(Street Address of Principal Office)

6. Mike Rosichan
(Mailing Address)

~~PO Box 163236~~ 822 Camargo Way #107
Altamonte Springs, FL
Altamonte Springs, FL 32716 32714

PO Box 163236
Altamonte Springs, FL 32716

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

Name: Michael G. Rosichan

Office Address: 822 Camargo Way #107

Altamonte Springs, Florida 32714
(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.

[Signature]
(Registered agent's signature)

2020 AUG 21 PM 2 02
FULTON COUNTY, FLORIDA
CLERK OF CIRCUIT COURT

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: Michael G. Rosichan
☒ Member Address: 822 Camargo Way
☒ Authorized Unit 107
 Altamonte Springs, FL 32714
Person
☒ Other Owner ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:
☐ Manager Name: Brian E. Rosichan
☐ Member Address: 381 Northview Dr
☒ Authorized _____
Person Bexley, OH 43209
☐ Other _____ ☐ Other _____


☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
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.



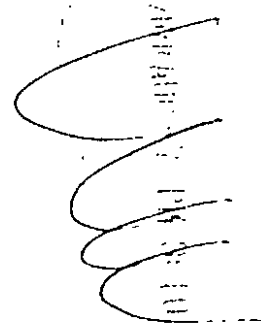
Signature of an authorized person

Michael G. Rosichan

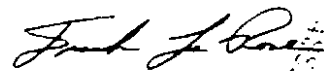
Typed or printed name of signee

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

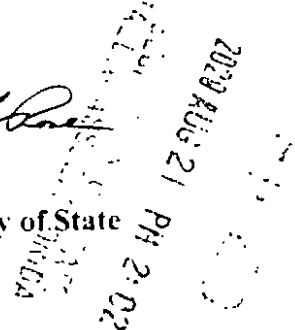
I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show COMPUCHAN, LLC, an Ohio Limited Liability Company, Registration Number 1603903, was organized within the State of Ohio on February 24, 2006, 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 30th day of June, A.D. 2020.*



Ohio Secretary of State

A vertical date stamp oriented sideways, reading "2020 JUN 21 PM 2:02".

Validation Number: 202018202378