

M 20000009695

(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:

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2020 OCT 27 PM 3:11
CLERK OF SUPERIOR COURT
MASSACHUSETTS, FLORIDA

W 20000119367

US
10/28/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2020

ROBIN O'CONNOR
4713 WEBBER ST.
SARASOTA, FL 34232

SUBJECT: FOOD PLANT CONSTRUCTION LLC
Ref. Number: W20000119367

We have received your document for FOOD PLANT CONSTRUCTION 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):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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: 320A00020425

Check cleared the bank 10/15/2020.
The check was not returned.
Copy of cancelled check attached.
Check 194)

RECEIVED

OCT 26 2020

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. FOOD PLANT CONSTRUCTION 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 3. 30-0934057
(Jurisdiction under the law of which foreign Limited Liability company is organized) (FBI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0001 & 605.0005, F.S., to determine penalty liability)

5. 10816 MILLINGTON CT
(Street Address of Principal Office)

6. 10816 MILLINGTON CT
(Mailing Address)

STE 110

STE 110

CINCINNATI, OH 45242

CINCINNATI, OH 45242

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

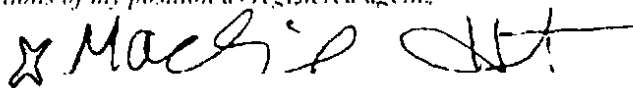
Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr. Suite A

Tallahassee, Florida 32301
(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.



Mackenzie Hart, Assistant Secretary

(Registered agent's signature)

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TALLAHASSEE, FLORIDA
CLERK OF STATE

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: HENDON & REDMOND, INC.

☒ Member Address: 10816 MILLINGTON CT

☐ Authorized #110

Person CINCINNATI OH 45242

☐ Other _____ ☐ 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: MARK REDMOND

☐ Member Address: 10816 MILLINGTON CT

☒ Authorized #110

Person CINCINNATI OH 45242

☐ 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

MARK REDMOND

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 FOOD PLANT CONSTRUCTION LLC, an Ohio For Profit Limited Liability Company, Registration Number 3840736, was organized within the State of Ohio on December 21, 2015, is currently in FULL FORCE AND EFFECT upon the records of this office.

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SEP 27 PM 3:11
OFFICE OF THE SECRETARY OF STATE
COLUMBUS, OHIO



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 28th day of September, A.D. 2020.

Frank LaRose

Ohio Secretary of State

Validation Number: 202027204872