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TALLAHASSEE, FLORIDA

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K. Brumbley

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cincy2EmeraldCoast LLC

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:

Brian Hamad

Name of Person

Cincy2EmeraldCoast LLC

Firm/Company

6781 Jennifer Lynn Drive

Address

Cincinnati OH 45248

City/State and Zip Code

bhamad@zoomtown.com

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

For further information concerning this matter, please call:

Brian Hamad

513
at ()

562-7648

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

**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. Cincy2EmeraldCoast 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.")

OHIO

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

3. (FE 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)

6781 Jennifer Lynn Drive

5. (Street Address of Principal Office)

Cincinnati OH 45248

6781 Jennifer Lynn Drive

6. (Mailing Address)

Cincinnati OH 45248

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

Name: Paul Shorey

Office Address: 4447 Commons Dr. E #K109

Destin, Florida 32541
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.*

Paul Shorey

dotloop verified
09/04/20 1:05 PM CDT
3JRW Y2UV-ULHC SWPB

(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: Brian Hamad

☐ Member Address: 6781 Jennifer Lynn Dr.

☐ Authorized Cincinnati, OH 45248

Person _____

☐ Other _____ ☐ Other _____

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

☒ Manager Name: Christopher McCaughey

☐ Member Address: 6775 Jennifer Lynn Dr.

☐ Authorized Cincinnati, OH 45248

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Amanda-Niehaus-McCaughey

☐ Member Address: 6775 Jennifer Lynn Dr.

☐ Authorized Cincinnati, OH 45248

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Jennifer Hamad

☐ Member Address: 6781 Jennifer Lynn Dr.

☐ Authorized Cincinnati, OH 45248

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

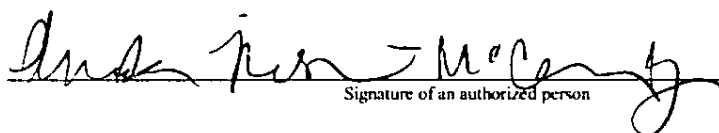
Person _____

☐ 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

Amanda Niehaus - McCaughey

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 CINCY2EMERALDCOAST LLC, an Ohio For Profit Limited Liability Company, Registration Number 4534193, was organized within the State of Ohio on August 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 20th day of October, A.D. 2020.*

A handwritten signature in cursive script, reading "Frank LaRose".

Ohio Secretary of State

Validation Number: 202029403316