

M20000010794

(Requestor's Name)

(Address)

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T. LEMIEUX

WFO 115042

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOT ON COMMUNICATIONS LLC
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Rachel Swartz

Name of Person

Dot On Communications LLC

Firm/Company

834 Winterside Dr.

Address

Apollo Beach, Florida 33572

City/State and Zip code

rachel@dotoncommunications.com

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

For further information concerning this matter, please call:

Rachel Swartz

Name of Person

at (440)

Area Code

382-1033

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

Return this with filing



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2020

RACHEL SWARTZ
834 WINTERSIDE DR
APOLLO BEACH, FL 33572

SUBJECT: DOT ON COMMUNICATIONS LLC
Ref. Number: W20000115042

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document you sent in is for filing a Foreign Corporation but yet you have LLC for the suffix. So you will need to file a Foreign LLC document.,

The registered agent must sign accepting the designation.

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: 620A00019553

RECEIVED
NOV 18 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. Dot On Communications LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

Dot On LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

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

3. _____
(FEI number, if applicable)

4. August 1, 2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. _____
(Street Address of Principal Office)

6. _____
(Mailing Address)

834 Winterside Dr

834 Winterside Dr.

Apollo Beach, Florida 33572

Apollo Beach, Florida 33572

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

Name: Appleton Reiss

Office Address: 215 N. Howard Ave., Suite 200

Tampa, Florida 33606
(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.



(Registered agent's signature)

20 NOV 23 PM 8 55

<p><u>Title or Capacity:</u></p> <p><input type="checkbox"/> Manager Name: <u>Rachel Swartz</u></p> <p><input type="checkbox"/> Member Address: <u>834 Winterside Dr</u></p> <p><input type="checkbox"/> Authorized <u>Apollo Beach, Florida</u></p> <p>Person <u>33572</u></p> <p><input checked="" type="checkbox"/> Other <u>51% Partner</u> <input type="checkbox"/> Other _____</p>	<p><u>Title or Capacity:</u></p> <p><input type="checkbox"/> Manager Name: <u>Robert Swartz</u></p> <p><input type="checkbox"/> Member Address: <u>834 Winterside Dr.</u></p> <p><input type="checkbox"/> Authorized <u>Apollo Beach, Florida</u></p> <p>Person <u>33572</u></p> <p><input checked="" type="checkbox"/> Other <u>49% Partner</u> <input type="checkbox"/> Other _____</p>
<p><input type="checkbox"/> Manager Name: _____</p> <p><input type="checkbox"/> Member Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p>	<p><input type="checkbox"/> Manager Name: _____</p> <p><input type="checkbox"/> Member Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p>
<p><input type="checkbox"/> Manager Name: _____</p> <p><input type="checkbox"/> Member Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p>	<p><input type="checkbox"/> Manager Name: _____</p> <p><input type="checkbox"/> Member Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p>

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)

Rachel Swartz
Signature of an authorized person

Rachel Swartz
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 DOT ON COMMUNICATIONS LLC, an Ohio For Profit Limited Liability Company, Registration Number 2105671, was organized within the State of Ohio on May 9, 2012, 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 17th day of August, A.D. 2020.*

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

Ohio Secretary of State

Validation Number: 202023002722