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İ	(Requestor's Name)	
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	PICK-UP WAIT	MAIL
<u> </u>	(Business Entity Name)	
	(Document Number)	
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Spec	ial Instructions to Filing Officer:	
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¹,			
Na	ame of Limited Liability Company		
	ty Company for Authorization to Transact Busines		
and check are submitted to register the above	ve referenced foreign limited liability company to t	ransact bu	isines
m all correspondence concerning this matte	er to the following:		
Kyle Brockmeyer			
	Name of Person		-
	2.4	-i	
Legacy 5 Corporate Services	,	1	623
	Firm/Company	1	12 NON 514
3601 Rigby Road, Suite 300		ړ. ۱ د	2
	Address	F	
		77.	_ T T •
Miamisburg, OH 45342		22	-
	City/State and Zip Code	Þ	
kyle.brockmeyer@legacy5.com			
E-mail address: (to	be used for future annual report notification)		
information concerning this matter, please	call:		
aron Matson	937 435-8584		
	at ()		
Name of Contact Person	Area Code Daytime Telephon	e Number	
ailing Address:	Street Address:		
egistration Section	Registration Section		
ivision of Corporations O. Box 6327	Division of Corporations The Centre of Tallahassee		
allahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
•	,		

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

	n Limited Liability Company; must include "Limited Li			
OHIO	name adopted for the purpose of transacting leasiness in Florida	84-5117182 3-		
(Jurisdiction under the law of	which foreign limited liability company is organized)	(FEI number, if applicable)		
-11-20-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	(Date first transacted business in Florida, it prior to regis (See sections 605,0904 & 605,0905, F.S. to determine p	Arntion.)	7.27	
601 Rigby Road	(500 sections 603,0904 & 605,0905, F.S. to determine p	3601 Rigby Road	NOV	
t Address of Principal Office)		6. (Mailing Address)	<u> </u>	
Suite 300		Suite 300	PH	
Miamisburg, OH 45342		Miamisburg, OH 45342	हिमा २	
	ss of Florida registered agent: (P.O. Box No. No. No. No. No. No. No. No. No. No.	<u>OT</u> acceptable)		
Name:	17888 67th Court North			
Office Address:				
Office Address:	Loxahatchee	33470 , Florida		
Office Address:	(City)	, Florida(Zip code)		

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: David Oakes Aaron Matson Name: □Manager Name: □Manager 3601 Rigby Rd 3601 Rigby Rd Address: Address: □Member ☐ Member Suite 300 Suite 300 **Authorized ■** Authorized Miamisburg, OH 45342 Miamisburg, OH 45342 Person Person Other____ □Other_ ☐Other___ Other Name: Mark D'Urso Chris Helfrich □Manager Name: □ Manager Address: __ 3601 Rigby Rd Address: □Member Orlando, FL 32803 Suite 300 ■Authorized **■**Authorized Miamisburg, OH 45342 Person Person □Other____ □Other_ □Other □Manager □Manager Name: _____ □Member □Member Address: ______ Address: ☐ Authorized ☐ Authorized Person Person Other____ □Other___ Other Other__ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only, Nonindexed 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

Typed or printed name of signee

Aaron Matson

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 HARTIZEN HOMES, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4445446, was organized within the State of Ohio on March 3, 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 10th day of November, A.D. 2020.

Ohio Secretary of State

Validation Number: 202031501748