12/8/2020

Division of Corporations

Florida Department of State

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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

Foreign Limited Liability Company Barracuda Towers, LLC

Certificate of Status Certified Copy 04 Page Count \$155.00 Estimated Charge

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K. Brumbley



From: Ranae McGraw

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

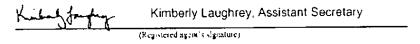
IN COMPLIANCE WITH SECTION 605.0502, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	imited Liability Company; must include "Lamited			
name unuvailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	stida, The alternate name	must mehade "Limited Limid	ity Company," "E.L.C," or "LEC
Delaware	sich foreign lantier nability company is organized)	3	(FEI minber,	i noplicable)
(HRISDICTION BRIDES THE 18W O. R.)	nen totetgii imeteti tintiitty con painy te organizeery		(,	-, ,,,,,,
	(Date first transacted business in Florida, if prior to	ogish slant.)	<u>.</u>	
	(See sections 605 0004 & 605,0005, U.S. to determ	•		
57 East Washington Street		57 East W	ashington Street	
eet Address of Principal Officer		(Muitio	g Addicss)	
Chagrin Falls, Ohio 44	022	Chagrin F	alls, Ohio 44022	
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable))	Z028
Name:	C T Corporation System			ZNZ# DEC -8 SEC!\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Office Address:	1200 South Pine Island Road			AN O
	Plantation		33324	Ş., S

Registered agent's acceptance:

Barracuda Towers, LLC

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. CT Corporation System



Tc: 18506176383 ' Page: 4 of 5 2020-12-08 08:06:36 CST 19542080645 From: Ranae McGraw

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:	Title or Capacity:	Name and Address:	
■ Manager	Name: F. Howard Mandel	■ Manager	Name: Ryan D. Lepene	
□Member	Address: 57 East Washington Street	□Member	Address: 57 East Washington Street	
□Authorized	Chagrin Falls, Ohio 44022	□Authorized	Chagrin Falls, Ohio 44022	
Person		Person		
□Other	Other	□Other	Other	
■ Manager	Name:	□Manager	Name:	
□Member	Address: 57 East Washington Street	□Member	Address:	
□Authorized	Chagrin Falls, Ohio 44022	□Authorized		
Person		Person		
□Other	Other	□Other	Other	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	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. 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.

Ryan D. Lepene	
Signature of an authorized person	
Ryan D. Lepene	
Typed or printed name of signee	



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BARRACUDA TOWERS, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE SEVENTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 204247995

Date: 12-07-20