

M 210000001781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

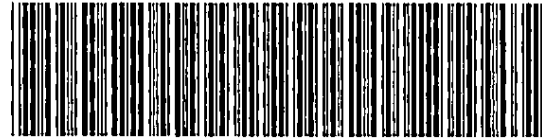
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

45  
2/14/21

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INTEGRITY FIBER 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:

MICHAEL CHASE  
Name of Person  
INTEGRITY FIBER LLC  
Firm/Company  
2730 LYLEWOOD RD  
Address  
WOODLAWN, TN 37191  
City/State and Zip Code  
michael.chase@integrityfiber.com  
E-mail address: (to be used for future annual report notification)

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DIVISION OF STATE  
TALLAHASSEE, FL

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For further information concerning this matter, please call:

AMY SLAYTON 931 546-9422  
Name of Contact Person at ( ) 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. INTEGRITY FIBER LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

INTEGRITY FIBER OF FLORIDA LLC

(If name unvariable, 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  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-4944267  
(FEI 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)

5. 2730 LYLEWOOD RD  
(Street Address of Principal Office)

6. 2730 LYLEWOOD RD  
(Mailing Address)

WOODLAWN, TN 37191

WOODLAWN, TN 37191

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

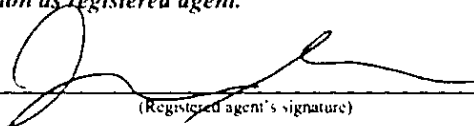
Name: JOSHUA FLETCHER

Office Address: 5344 WEST TENNESSEE STREET

TALLAHASSEE, Florida 32304  
(City) (Zip code)

Registered agent's acceptance:

*I have been named as registered agent and to accept service of process for the above stated limited liability company at the place named 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)

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TALLAHASSEE, FL

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: Michael Chase

☐ Member

Address: 1638 Moore St.

☐ Authorized

Akron, OH 44301

Person

☐ Other

☐ Other

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

☐ Other

☐ Other

**Title or Capacity:**

**Name and Address:**

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

☐ Other

☐ Other

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

☐ Other

☐ Other

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

☐ Other

☐ Other

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

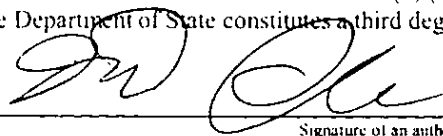
☐ Other

☐ Other

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-  
ed individuals may be added to the index when filing your Florida Department of State Annual Report form.

ached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the  
ction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath  
translator must be submitted)

s document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information  
ed 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

Michael Chase  
\_\_\_\_\_  
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 INTEGRITY FIBER, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4145151, was organized within the State of Ohio on March 9, 2018, is currently in FULL FORCE AND EFFECT upon the records of this office.*

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OFFICE OF THE SECRETARY OF STATE  
COLUMBUS, OHIO



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 16th day of November, A.D. 2020.*

*Frank LaRose*

Ohio Secretary of State

Validation Number: 202032103194