

M21000003680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

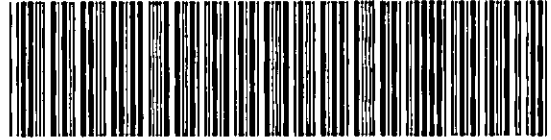
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FL

2021 MAR 16 PM 4:34

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3/31/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TENURE CONSULTING 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:

LOVETTE DOBSON

Name of Person

Firm/Company

17350 STATE HWY 249 #220

Address

HOUSTON, TX 77064

City/State and Zip Code

EFILE1234@INCFIL.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON

at ( )

888-462-3453

Name of Contact Person

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

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 TALLAHASSEE, FL

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. TENSURE CONSULTING 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.")

2. OHIO

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

3. 83-4321971

(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. 9985 MEADOW HILLS DR

(Street Address of Principal Office)

WEST CHESTER, OHIO 45241

6. 9985 MEADOW HILLS DR

(Mailing Address)

WEST CHESTER, OHIO 45241

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FLORIDA

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

Name: LEGALINC CORPORATE SERVICES INC.

Office Address: 5237 SUMMERLIN COMMONS, SUITE 400

FORT MYERS

(City)

, Florida

33907

(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.

Wesley Dolan  
(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]:

| <u>Title or Capacity:</u>                  | <u>Name and Address:</u>       |
|--|--------------------------------|
| <input type="checkbox"/> Manager           | Name: HOWARD YOUNG             |
| <input checked="" type="checkbox"/> Member | Address: 7355 KELLY COURT      |
| <input type="checkbox"/> Authorized        |                                |
| Person                                     | WEST CHESTER, OHIO 45241       |
| <input type="checkbox"/> Other             | <input type="checkbox"/> Other |

☐ Manager      Name: WILLIAM SHANNON

☒ Member      Address: 9985 MEADOW HILLS DR

☐ Authorized  
Person      WEST CHESTER, OHIO 45241

☐ Other      ☐ Other

☐ Manager      Name: DANIEL RYE

☒ Member      Address: 7575 SOUTH DWYER RD

☐ Authorized  
Person \_\_\_\_\_

OKEANA, OHIO 45053

☐ Other                          ☐ Other \_\_\_\_\_

| <u>Title or Capacity:</u>                     | <u>Name and Address:</u>       |
|---|--------------------------------|
| <input type="checkbox"/> Manager              | Name: JUSTIN BILLIG            |
| <input checked="" type="checkbox"/> Member    | Address: 618 TANNER CREEK LANE |
| <input type="checkbox"/> Authorized<br>Person | GREENDALE, INDIANA 47025       |
| <input type="checkbox"/> Other                | <input type="checkbox"/> Other |

☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
☐ 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.

Howard Young  
Signature of an authorized person

HOWARD YOUNG

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 TENSURE CONSULTING LLC, an Ohio For Profit Limited Liability Company, Registration Number 4317969, was organized within the State of Ohio on April 6, 2019, is currently in FULL FORCE AND EFFECT upon the records of this office.

RECEIVED  
STATE  
FEB. 11  
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D



Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 4th day of January, A.D. 2021.

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

Ohio Secretary of State

Validation Number: 202100400124