# MAIOOCOURY

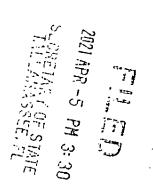
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### COVER LETTER

TO:	Registration Section :		<b>3</b>	41
SUBJEC	TRIDEC TECHNOLOGIES LLC			
		e of Limited Liability Company	_	
The enclo Existence	osed "Application by Foreign Limited Liability (e., and check are submitted to register the above t	Company for Authorization to Transact Business in Florida referenced foreign limited liability company to transact bus	ı." Certi siness ir	ficate of 1 Florida.
Please ret	turn all correspondence concerning this matter to	o the following:		
	LESLIE GODZIK			
		Name of Person	_	
	TRIDEC TECHNOLOGIES LLC		2021 NPR	,
		Firm/Company [26]	- AP-	•
	6192 TAYLORSVILLE ROAD		2	
	•	Address C	_ <b></b>	
	HUBER HEIGHTS, OH 45424	MS MS (A)	PM 3: 30	7.52
	C	ity/State and Zip Code	- 0	
	LESLIE.GODZłK@TRIDECTECH.CO	М		
	E-mail address: (to be	used for future annual report notification)	_	
For furthe	er information concerning this matter, please cal	l:		
LESLIE GODZIK		937 938-8160 at ( )		
•	Name of Contact Person	Area Code Daytime Telephone Number	_	
Mailing Address:		Street Address:		
	Registration Section  Division of Corporations	Registration Section		
	P.O. Box 6327	Division of Corporations The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
	Tallahassee, FL 32303			
F	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEP  \$125.00 Filing Fee  \$130.00 Filing Fee Certificate o	e & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee.		

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

IN COMPLIANCE WITH SECTION 605 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: TRIDEC TECHNOLOGIES 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 "Lunited Liability Company," "L.L. C." or "LLC.") OHIO (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605 0904 & 605,0905, F.S. to determine penalty liability.) 6192 TAYLORSVILLE ROAD 6192 TAYLORSVILLE ROAD (Street Address of Principal Office) HUBER HEIGHTS HUBER HEIGHTS OHIO 45424 OHIO 45424 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CORPORATION SERVICE COMPANY Name: 1201 HAYS STREET Office Address: TALLA HASSEE 32301 , Florida

#### 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.

Royanne Turner
Asst. Vice President
(Registered agent's sugnature)

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: ROBERT FRITSCHIE Name: DAVID LONDON ■Manager Manager 6192 TAYLORSVILLE ROAD 6192 TAYLORSVILLE ROAD Address: ] □Member Address: □Member HUBER HEIGHTS, OH 45424 HUBER HEIGHTS, OH 45424 □ Authorized □ Authorized Person Person □Other □ Other □Other □Other □Manager □Manager Name: \_\_\_\_\_\_ □Member □Member Address: Address: \_ □ Authorized ☐ 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. 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

ROBERT S. FRITSCHIE

## 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 TRIDEC TECHNOLOGIES, LLC, an Ohio For Profit Limited Liability Company, Registration Number 1852796, was organized within the State of Ohio on April 23, 2009, 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 March, A.D. 2021.

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**Ohio Secretary of State** 

Validation Number: 202106903424