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(Address)					
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PICK-UP WAIT MAIL					
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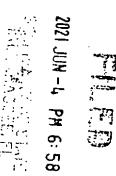
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COVER LETTER

TO:

TO:	Registration Section Division of Corporations	
SUBJE	CT: YAKAR ENT	FRPRISES LLC of Limited Liability Company
The end Existen	closed "Application by Foreign Limited Liability Coce, and check are submitted to register the above ref	ompany for Authorization to Transact Business in Florida," Certificate of ferenced foreign limited liability company to transact business in Florida.
Please	return all correspondence concerning this matter to t	he following:
		Name of Person
	TAGAR EN	ITERPRISES LLC.
	3700 Ruxinsta	Address
	<u> columbus</u>	OH 4322/
	E-mail address: (to be u	sed for future annual report notification)
For fur	her information concerning this matter, please call:	ar (614) 288.1133
	Name of Contact Person	at (614) 288-1133 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 DEPA 12 \$125.00 Filing Fee S130.00 Filing Fee of Certificate of	& 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate

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. YAKAR ENTERPRISE (Name of Foreign I	ES, LLC Limited Liability Company; must include "Limited Li	ability Company," '	`L.L.C" or "LLC.")		_
(If name unavailable, enter alternate n.	ame adopted for the purpose of transacting business in Florid	a. The alternate name	must include "Limited Liabi	dity Company," "L.L.C," o	or "LLC.")
2 Chio	nich foreign limited liability company is organized)		-32129 (FET number.		_
4. <u>4/20/20</u>	(Date first transacted business in Florida, if prior to reginate sections 605.0904 & 605.0905, F.S. to determine p	stration.) penalty hability)			
5. 370 c Ru (Street Address of Principal Office)	revoide Dr St. 413	6. Mailing	OC RUE	nside on	3t, 4
Columbus	LIOH 43221	<u>(ali</u>	indus, c	H 4322	
7. Name and street address	<u>s</u> of Florida registered agent: (P.O. Box <u>N</u>	<u> </u>		2021 JUN -	
Name:	Inc Authority RA			L PM	A TOPPON
Office Address:	390 North Orange Ave., Ste 2300-N			6: 58	كتت
	Orlando	FI	32801-1684 orida	- -	
designated in this applicate to comply with the provision	tance: gistered agent and to accept service of pro tion, I hereby accept the appointment as r. ons of all statutes relative to the proper ar is of my position as registered agent.	egistered agent nd complete per	and agree to act in	this capacity. I fu	rther agree

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:
E Manager	Name: Marchy 45 Charling	□Manager	Name:	
□Member	Address: 3700 Rusenile A.	□Member	Address:	
□Authorized	sto 413	□Authorized		
Person	166EFF HO sullimentes D	Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	□Other	□Other		□Other
□Manager	Name:	□Manager	Name:	2021 JU
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		<u> </u>
Person		Person		F 5
□Other	Other	Other		Other

<u>Important Notice:</u> 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.

Signature of an authorized person

PRIMIA BIARAMA

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 YAKAR ENTERPRISES, LLC, an Ohio For Profit Limited Liability Company. Registration Number 4649229, was organized within the State of Ohio on March 29, 2021, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the sed of the Secretary of State at Columbus. Ohio: this 8th day of April. A.D. 2025

Ohio Secretary of State

Validation Number: 202109804500





May 18, 2021

YARIMA YARAKMA 3700 RIVERSIDE DR STE 413 COLUMBUS, OH 43221 US

SUBJECT: YAKAR ENTERPRISES LLC

Ref. Number: W21000070373

We have received your document for YAKAR ENTERPRISES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 921A00010517

Sharon D Franklin Regulatory Specialist II

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