

M21000007084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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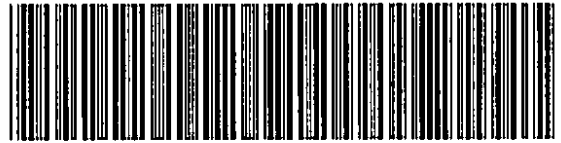
(Business Entity Name)

(Document Number)

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05/16/21--01035- 010 **160.00

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MAY 17 2021

FILED
2021 MAY 17 PM 12:31
CLERK OF SUPERIOR COURT
JULIA A. HARRIS

JUN 10 2021
M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hydrate Me, 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:

Courtney M. White

Name of Person

Dinsmore & Shohl LLP

Firm/Company

191 W. Nationwide Blvd., Suite 300

Address

Columbus, Ohio 43215

City/State and Zip Code

courtney.white@dinsmore.com

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

2021 MAY 17 PM 12:31

DEPT. OF STATE
TALLAHASSEE, FL 32303

FILED

For further information concerning this matter, please call:

Courtney M. White

614

628-6952

at ()

Name of Contact Person

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. Hydrate Me, 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. 81-2771513
(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. Hydrate Me, LLC
(Street Address of Principal Office)

6. Hydrate Me, LLC
(Mailing Address)

955 W. 5th Ave., STE C
Columbus, Ohio 43212

955 W. 5th Ave., STE C
Columbus, Ohio 43212

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

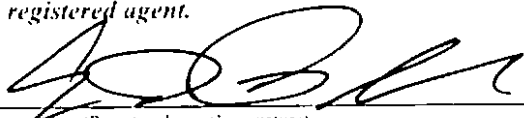
Name: Dinsmore & Shohl LLP, ATTN: Eric J. Plinke

Office Address: 201 N. Franklin Street, Suite 3050

Tampa, Florida 33602
(City) (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.


(Registered agent's signature)

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TAMPA, FLORIDA

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: Scott Holowicki

☒ Member Address: 5240 Locust Hill Ln.

☐ Authorized Dublin, Ohio 43017

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Brian Seifferth

☒ Member Address: 8249 Timber Mist Ct.

☐ Authorized Dublin, Ohio 43017

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Patti Holowicki

☒ Member Address: 5240 Locust Hill Ln.

☐ Authorized Dublin, Ohio 43017

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Lon Hogan

☒ Member Address: 8447 Tartan Fields Drive

☐ Authorized Dublin, Ohio 43017

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-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

Eric J. Plinke

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 HYDRATE ME, LLC, an Ohio For Profit Limited Liability Company, Registration Number 3905087, was organized within the State of Ohio on May 19, 2016, 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 5th day of May, A.D. 2021.*

A handwritten signature in cursive script that reads "Frank LaRose".

Ohio Secretary of State

Validation Number: 202112504710