To: 18506176383

\*Page: 2 of 5

2021-06-30 09:50:30 CST

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From: Kimberly Laughrey

6/30/2021

sion of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FC4000000023 : (614)280-3338 Phone : (954)208-0845 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## Foreign Limited Liability Company **K2 TOWERS III, LLC**

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## 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. K2 Towers III, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unswithsble, onter afternate came adopted for the purpose of transacting business in Florida. The alternate came must include "Limited Liability Company," "L.L.C," or "LLC.") Delaware (FEI number, if appareable) (Jurisdiction under the law of which foreign lumbed liability company is organized) (Plate first transacted business to Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty hability) 57 East Washington Street 57 East Washington Street 6. (Mailing Address) (Street Address of Principal Office) Chagrin Falls, Ohio 44022 Chagrin Falls, Ohio 44022 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System Name: 1200 South Pine Island Road Office Address: Plantation 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 us 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. , Bernadette Baker, Asst. Secretary (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]:

Title or Canacity:	Name and Address:	Title or Capacity:				
<b>⊞</b> Manager	Name: F. Howard Mandel	<b>⊞</b> Manager	Name: Ryan D. Lepene			
□Member	Address: 57 East Washington Street	□Member	Address: 57 East Washington Street			
□ Authorized	Chagrin Falls, Ohio 44022	□Authorized	Chagrin Falls, Ohio 44022			
Person		Person				
Other	□Other	[Other	□Other			
[]Manager	Name: K2 Towers III Holdings, LLC	□Manager	Name:			
<b>≅</b> Member	Address:	□Member	Address:			
□ Authorized	Chagrin Falls, Ohio 44022	□ Acthorized	N			
Person		Ретян	• • • •			
□ Other	□Other	□Other	□Other □ 30			
□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. 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 informatio submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
submitted in a document to the Department of State Committee in a document to the Department of State Committee

Signature of an authorized person

Ryan D. Lepene

Typed or printed name of signace

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

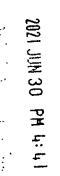
DELAWARE, DO HEREBY CERTIFY "K2 TOWERS III, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-EIGHTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.





Authentication: 203544066

Date: 06-28-21