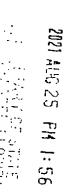
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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

	Name	e of Limited Liability Company
The enclosed " Existence, and	'Application by Foreign Limited Liability check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida
Please return a	Il correspondence concerning this matter to	to the following:
	Timothy A. Boyko	
		Name of Person
	Timothy A. Boyko, Attorney-at-Law	
		Firm/Company
	6300 Rockside Road, Suite 303	
		Address
	Independence, OH 44131	
	C	ity/State and Zip Code
	tboyko@boyko-dobeck.com	
	E-mail address: (to be	e used for future annual report notification)
For further info	ormation concerning this matter, please cal	II:
Timo	othy A. Boyko	216 453-5907 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section		Street Address: Registration Section
	sion of Corporations Box 6327	Division of Corporations The Centre of Tallahassee
	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303
Please	esed is a check for the following amount: e make check payable to: FLORIDA DEP 25.00 Filing Fee S130.00 Filing Fee Certificate of	e & 🔲 \$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 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate n	ume adopted for the purpose of transacting husiness in Fl	londs. The afternate name	must include "Limited Liability Cor	mpany," "L.L.C," or "LL	.C.'')
Ohio		3.			
(Jurisdiction under the law of w	high foreign limited liability company is organized)		(FEI number, if appli	cable)	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration ) ine penalty hability)			
6710 Winona Circle		,	iona Circle		
eet Address of Principal Office)	<del></del>	(Mailin	g Address)		
Middleburg Heights, O	H 44130	Middlebu	rg Heights, OH 44130		
					1202
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable	)	1.27 1.27 2.71	CZ CANY
Name:	Lucia Foiani			11 (1) 11 (1) 11 (2)	
Office Address:	12543 Colliers Reserve Drive			0800 374E	1:56
	Naples	Ľ	34110 Iorida		
	{City}	,,,,	(Zip sode)		

### 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)

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:	
■Manager	Name: Gino Caroscio	■Manager	Name: Daniel Stevens	
≣Member	Address: 6710 Winona Circle	■Member	Address:Drive	
□Authorized	Middleburg Heights, OH 44130	□Authorized	Macedonia, OH 44056	
Person		Person		
□Other	□ Other	□Other	Other	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	Other	• •	
			Name: 17 17 17 17 17 17 17 17 17 17 17 17 17	
□Manager	Name:	□Manager	→	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person	<del></del>	Person		
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

DANTEL STEVENS

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 SEA TOWN, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4690791, was organized within the State of Ohio on June 2, 2021, 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 29th day of July, A.D. 2021.

I forme

Ohio Secretary of State

Validation Number: 202121000762