M14000/3763

(Requestor's Name)					
(Address)					
(,	Address)				
(1)	City/State/Zip/Phone #)				
PICK-UP	MAIL MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

Office Use Only



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COVER LETTER

TO:

	ledo Molding & Die, LLC						
SUBJECT:							
The enclosed "A	application by Foreign Limited Liability	Company for Authorization to Transact Business in Florida," Certificate					
		referenced foreign limited liability company to transact business in Flori					
Please return all	correspondence concerning this matter t	to the following:					
	Justin Cousino						
		Name of Person					
	Grammer						
		Firm/Company					
	1429 Coining Drive						
		Address					
	Toledo, Ohio 43612						
	C	Sity/State and Zip Code					
	justin.cousino@grammer.com						
	E-mail address: (to be	e used for future annual report notification)					
or further infor	mation concerning this matter, please ca	H:					
Justin (Cousino	419 214-3906					
	Name of Contact Person	at () Area Code Daytime Telephone Number					
	Address:	Street Address:					
	ration Section	Registration Section					
	on of Corporations	Division of Corporations					
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee					
ranan	assee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	ed is a check for the following amount:						
	make check payable to: FLORIDA DEF						
→ \ \ \ / ·	5.00 Filing Fee	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee. Certificate					

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

IN COMPHANCE WITH SECTION 605,0902, FLORIDA STATUTEX THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Toledo Molding & Die (Name of Foreign	LLC Limited Liability Company; must include "Limited	Liability C	ompany,""L.L.C	,," or "LLC	·")	
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Fla	orida. The alto	ernate name must in	clude "Limite	ed Liability Compar	ny," "L.L.C," or "LLC.")
Delaware	hich foreign limited liability company is organized)					
4	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determi	registration) ne penalty lia		_		
1429 Coining Drive 5. (Street Address of Principal Office)		6	429 Coining D	rive		
Toledo, Ohio 43612		To	oledo, Ohio 43	3612		
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acc	:eptable)			21 0
Name:	CT Corporation				<u> </u>	
Office Address:	1200 South Pine Island Road				VOBOTE 14 5: 09)
	Plantation (City)		, Florida	33324 (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.

Onise Bell
(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: Jay Gilliland	□Manager	Name:
□Member	Address:	□Member	Address: 1429 Coining Drive
■Authorized	Toledo. Ohio 43612	■Authorized	Toledo, Ohio 43612
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
■Authorized	Toledo. Ohio 43612	□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. 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

Fyped or printed name of signee

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

DELAWARE, DO HEREBY CERTIFY "TOLEDO MOLDING & DIE, 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 SIXTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TOLEDO MOLDING & DIE, LLC" WAS FORMED ON THE THIRD DAY OF MARCH, A.D. 1989.

Authentication: 204344136

Date: 10-06-21