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S. ROBERTS

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## COVER LETTER

TO:

Registration Section

Div	ision of Corporations		
SUBJECT:	One of One - Bartlum Yards, LLC		
Name of Limited Liability Company			
The enclosed Existence, an	l "Application by Foreign Limited Liab nd check are submitted to register the a	bility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida.	
Please return	all correspondence concerning this ma	itter to the following:	
	Sonia K. Lowe, Paralegal		
	Name of Person		
Baker & Hostetler LLP			
	Firm/Company		
	200 Civic Center Drive, Suite 1200		
	Address		
	Columbus, Ohio 43215		
		City/State and Zip Code	
	jbrady@bakerlaw.com		
	E-mail address: (	(to be used for future annual report notification)	
For further in	formation concerning this matter, pleas	se call:	
Son	ia K. Lowe, Paralogal	614 598-3033 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	
Pleas	osed is a check for the following amouse make check payable to: <b>FLORIDA</b> 125,00 Filing Fee S130,00 Filin Certific	DEPARTMENT OF STATE	

## 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 TIMITED LIABILITY COMPANYTOTRANSACTBUNINESS INTHE STATE OF FLORIDA: One of One - Bartlum Yards, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Horida. The alternate name must include "Limited Liability Company," "L.4, C," or "LLC,") Delaware (Jurisdiction under the law of which foreign limited hability company is organized) (I hl number, it applicable) (Date first transacted business in I lorida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty hability) 506 Fleming Street 506 Fleming Street 6. (Mailing Aidress) (Street Address of Principal Office) Key West, Florida 33040 Key West, Florida 33040 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Robert A. Spottswood, Jr. Name: 506 Fleming Street Office Address: Key West 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. /s/ Robert A. Spottswood, Jr.

(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: One of One Holdings, LLC ■ Manager □Manager Name: Address: 506 Fleming Street □Member ☐ Member Address: \_\_\_\_\_ Key West, Florida 33040 □ Authorized □ Authorized Person Person □Other\_\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_ □Manager □Manager Name: □Member Address: \_\_\_\_ □Member Address: □ Authorized □ Authorized Person Person □Other\_\_\_\_ □Other □Manager Name: \_\_\_\_\_ Name: \_\_\_\_\_ □Manager ☐ Member Address: 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. Nonindexed 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 \$.817,155, F.S. /s/ Robert A. Spottswood, Jr. Signature of an authorized person Robert A. Spottswood, Jr.

Typed or printed name of signee

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ONE OF ONE - BARTLUM YARDS, 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-SIXTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ONE OF ONE -BARTLUM YARDS, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF NOVEMBER,
A.D. 2021.

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

An do

Authentication: 202498287

Date: 01-26-22

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