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(Address)

(Address)

(City/State/Zip/Phone #)

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2022 MAY 16 AM 7:24
SEAL OF THE STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ten Cities V, 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:

Kim Peters

Name of Person

Ten Cities V, LLC DBA P-Fit Pine Island

Firm/Company

PO Box 264

Address

Bellbrook, OH 45305

City/State and Zip Code

kim.peters@gtwomen.com

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

For further information concerning this matter, please call:

Kim Peters

937

401-3939

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. Ten Cities V, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC" or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC" or "L.L.C.")

2. State of Ohio
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-2960640
(FED number, if applicable)

4. May 1, 2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S., to determine penalty liability)

5. 3541-3543 Pine Island Rd
(Street Address of Principal Office)

Sunrise, FL 33351

6. PO Box 264
(Mailing Address)

Bellbrook, OH 45305

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

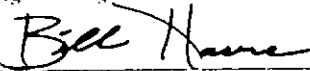
Name: Bill Havre, Registered Agents Inc.

Office Address: 7901 4th St N, STE 300

St. Petersburg, Florida 33702
(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)

2022 MAY 16 AM 7:24
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SUNSHINE
FALL MIAMI
STATE OF FLORIDA

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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: Michael D Lacey

☒ Member Address: 3770 W Salinas Circle

☐ Authorized Dayton, OH 45440

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: James J Payne

☒ Member Address: 7701 Woodbridge Ct

☐ Authorized Springboro, OH 45066

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Kim Peters

☐ Member Address: 1430 Black Oak Dr

☒ Authorized Centerville, OH 45459

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Nicole Suzel

☐ Member Address: 1170 Cardinal Dr

☒ Authorized Enon, OH 45323

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

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.

Kim Peters

Signature of an authorized person

Kim Peters

Typed or printed name of signer

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 TEN CITIES V, LLC, an Ohio Limited Liability Company, Registration Number 4374348, was organized in the State of Ohio on August 28, 2019, 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 April, A.D. 2022.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202209502984