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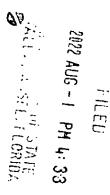
(Requestor's Name)					
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PICK-UI	P WAIT MAIL				
	(Business Entity Name)				
	(Document Number)				
Certified Copies	Certificates of Status				
Special Instructions	s to Filing Officer:				
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## COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	IVORY & BIRCH LLC	
., .		me of Limited Liability Company
		y Company for Authorization to Transact Business in Florida," Certificate of re referenced foreign limited liability company to transact business in Florida.
Please :	return all correspondence concerning this matter	r to the following:
	DAVID STACK	
		Name of Person
		Firm/Company
	100 DEBARTOLO PLACE STE 300	
		Address
	YOUNGSTOWN, OH 44512	
		City/State and Zip Code
	ACCOUNTINGMAIN@MURANSKY	YCO.COM
	E-mail address: (to	be used for future annual report notification)
For furt	ther information concerning this matter, please of	all:
	DAVID STACK	330 729-7400 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 DE  \$\Boxed{\subset}\$ \$	EPARTMENT OF STATE  Fee &   \$\Begin{align*} \Boxed{G} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

## 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. IVORY & BIRCH LLO (Name of Foreign	Limited Liability Company; must include "Limited Liab	oility Compa	ny," "L.L.C.," or "LL	.C.")		
	name adopted for the purpose of transacting business in Florida.			ited Liability C	ompany," "L1_C," or "L1_	
OHIO 2. Unisdiction under the law of w	hich foreign limited hability company is organized)	46-5532289 3. (FEI number, if applicable)				
4	(Date first transacted business in Florida, if prior to registr (See sections 605.0904 & 605.0905, F.S. to determine per	ation.)				
902 N ROME AVE 5. (Street Address of Principal Office)		100 DEBARTOLO PLACE STE 300 6. (Mailing Address)				
TAMPA, FL 33606		YOUNGSTOWN, OH 44512				
					<del></del>	
7. Name and street address	is of Florida registered agent: (P.O. Box NO	T accepta	ble)	$\theta_{\dot{B}}$	202	
Name:	CORPORATION SERVICE COMPANY				2022 AUG	
Office Address:	1201 HAYS STREET				- F	
	TALLAHASSEE		32301 , Florida	-1.)	PH 4: 30	
	(Сіту)		(Zip co	)()()	5 % S	

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.

Solyman Washington Assistant Secretary
(Reportered 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: DELORAN THOMPSON	□Manager	Name:	
□Member	Address: 100 DEBARTOLO PL STE 300	□Member	Address:	
□Authorized	YOUNGSTOWN, OH 44512	□Authorized		
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name: ANGELA DUSKEY	□Manager	Name:	
□Member	Address: 100 DEBARTOLO PL STE 300	□Member	Address:	
<b>■</b> Authorized	YOUNGSTOWN, OH 44512	□Authorized		
Person		Person		
□Other		□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address: 100 DEBARTOLO PL STE 300	□Member	Address:	· <del>-</del>
<b>■</b> Authorized	YOUNGSTOWN, OH 44512	□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.

Delloran Thompson

DELORAN THOMPSON

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 IVORY & BIRCH, LLC, an Ohio Limited Liability Company, Registration Number 2290590, was organized in the State of Ohio on April 28, 2014, 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 21st day of July, A.D. 2022.

**Ohio Secretary of State** 

Ful fore

Validation Number: 202220202010