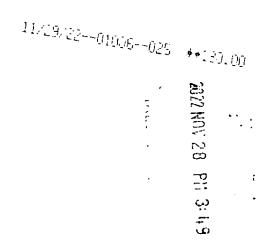
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	(Requestor's Name)						
	(Address)						
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	PICK-UP WAIT MAIL						
	(Business Entity Name)						
ļ	(Document Number)						
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S. ROBERTS
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COVER LETTER

TO:		ration Section on of Corporations						
SUBJEC		eighborhood Home Improvements, LLC	iba NHI FL. LLC					
		Name of Limited Liability Company						
			Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida					
Please re	eturn all	correspondence concerning this matter to	o the following:					
		Keith E. Golden, Attorney At Law						
			Name of Person					
		Golden & Meizlish Co., LPA						
			Firm/Company					
		923 East Broad Street						
		Address						
		Columbus, OH 43205						
		Ci	ity/State and Zip Code					
		golmeiz@aol.com						
		E-mail address: (to be	used for future annual report notification)					
For furth	ner infor	mation concerning this matter, please cal	l:					
Keith E. Golden		E. Golden	614 258-1983					
		Name of Contact Person	Area Code Daytime Telephone Number					
Mailing Address: Registration Section			Street Address:					
			Registration Section					
		on of Corporations	Division of Corporations					
P.O. Box 6327			The Centre of Tallahassee					
	Tallah	nassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Please:	ed is a check for the following amount: make check payable to: FLORIDA DEP 5.00 Filing Fee \$130.00 Filing Fee Certificate o	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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Neighborhood Home I	Improvements, LLC Limited Liability Company; must include "Limite	त राजिनात	y Company." "I. I. C.," or "LI.C.")			_
	• • •		, , ,			
(If name unavailable, enter altertute	name adopted for the purpose of transacting business in F	lorida, The	stremate name must include "Limited Li	abshity Company," "	LL C." or	_ '`LLC.'')
Ohio 2.		•				
(Jurnaliction under the law of a	rhich foreign (united liability company is organized)	3,	(FE) numb	er, if applicable)		_
4.						
••	(Date lina transacted business in Florida, if prior to (See sectious 605,0904 & 605,0905, F.S. to determ	registration	n.) Hability)			
13524 Broad St., NW			P.O. Box 20			
Street Address of Principal Office)			(Mailing Address)			-
Pataskala, OH 43062			Blacklick, OH 43004		202	
					2022 HOY	
	······································			<u> </u>	- 	-
. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)				PH		
Name:	Registered Agents Inc			:. f:	3: 49	•
Office Address:	7901 4th St., North, Ste. 300					
	St. Petersburg,		33702 . Florida			
	(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)

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: Name: Chad Miller **■**Manager □Manager Name: Address: _P.O. Box 20 □Member □Member Address: ____ ____ Blacklick, OH 43062 □ Authorized ☐ Authorized Person Person □Other □Other_____ □Other_____ □Other_____ □Manager Name: ______ Name: ______ □Manager □Member Address: □Member Address: _____ ☐ Authorized □ Authorized Person Person □Other Other □Other Other_____ □Manager Name: ______ □Manager ■ Member Address: ☐Member Address: □ Authorized □ Authorized Person Person □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 s.817.155, F.S. Chad Miller, Managing Member

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 NEIGHBORHOOD HOME IMPROVEMENTS LLC, an Ohio Limited Liability Company, Registration Number 1596709, was organized in the State of Ohio on January 25, 2006, 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 November, A.D. 2022.

Ohio Secretary of State

Tank of line

Validation Number: 202232505268