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D	ate:	04/12/2023	_ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
		Acc#I20160000072	- 4: DW
Name:	First Princip	ales Florida LLC	
Document #:			
Order #:	14883914 -	8	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of  Apostille/Notarial		Country of Destination:	
Certification:		Number of Certs:	
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	Plain: COGS:		srichmond@projetech.com
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: 5	\$ 155.00	

Thank you!

#### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	First Principles Florida LLC	
3013		of Limited Liability Company
		ompany for Authorization to Transact Business in Florida," Certificate of ferenced foreign limited liability company to transact business in Florida.
Please	return all correspondence concerning this matter to	the following:
	Steven K. Richmond	
		Name of Person
		Firm/Company
	2008 East Imperial Drive	
		Address
	Naples, Florida 34110	
	City	y/State and Zip Code
	srichmond@projetech.com	
	E-mail address: (to be u	ised for future annual report notification)
For fu	orther information concerning this matter, please call:	
	Steven K. Richmond	513 703-4900 at ( )
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section		Street Address: Registration Section
Division of Corporations		Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303
	Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPA  \$125.00 Filing Fee \$130.00 Filing Fee Certificate of	& 🗓 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate

El 057 - 1/21/2020 Walters Elimine Only

### 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:

(If name unavailable, enter alternate r	name adopted for the purpose of transacting business	s in Florida. The alter	nate name must include "Limited Liab	ility Company," "L.L.C," or	<del>"</del> LLC.")
Ohio		2			
2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	_ 3	(FEI number,	if applicable)	- <del>-</del>
Upon Fili	ing				
	(Date first transacted business in Florida, if pr (See sections 605,0904 & 605,0905, F.S. to d	ior to registration.) etermine penalty liabi	lity)		
2008 East Imperial Dr	ive, Naples, FL 34110	20	08 East Imperial Drive, Na	ples, FL 34110	
(Street Address of Principal Office)	5. (Street Address of Principal Office)		(Mailing Address)		_
<del></del>					<u> </u>
				267	_
7. Norma and street address	ss of Florida registered agent: (P.O.	Day NOT non	mtoblo)	23 APR	7
7. Name and street address	ss of Piorida registered agent. (1.0.	Box NOT acco	cptable)	್ಯ. ಸ್	
				• • • • • • • • • • • • • • • • • • • •	三: . 三
	Steven K. Richmond			-2 F	
Name:	Steven K. Richmond		_	12 PHI	FLED
Name: Office Address:	Steven K. Richmond  2008 East Imperial Drive				FILED CNC
	2008 East Imperial Drive		34110		FILED VIOLEN
	2008 East Imperial Drive Naples				FILEO FILEO
Office Address:	2008 East Imperial Drive  Naples  (Cuty)				FILED
Office Address:  Registered agent's accep Having been named as re designated in this applica to comply with the provisi	2008 East Imperial Drive  Naples  (Cuty)	ent as registered oper and comp	, Florida (Zip code)  the above stated limited lid agent and agree to act in	ability company at the this capacity. I fur	ther agree

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: Steven K. Richmond Name: \_\_\_\_\_ □Manager □Manager 2008 East Imperial Drive **■**Member □Member Address: \_\_\_\_\_ Naples, Florida 34110 □ Authorized □ Authorized Person Person □Other\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_ Other\_\_\_\_ □Manager Name: \_\_\_\_\_ □Manager Name: □Member Address: □Member Address: \_\_\_\_\_ □ Authorized ☐ Authorized Person Person □Other □Other\_\_\_\_\_ Other □Other □Manager □Manager □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. 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. Steve Richmond Signature of an authorized person

Typed or printed name of signee

Steven K. Richmond, Member

# 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 FIRST PRINCIPLES FLORIDA LLC, an Ohio Limited Liability Company, Registration Number 5017832, was organized in the State of Ohio on March 15, 2023, 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 12th day of April, A.D. 2023.

Ohio Secretary of State

I fore

Validation Number: 202310201518