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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

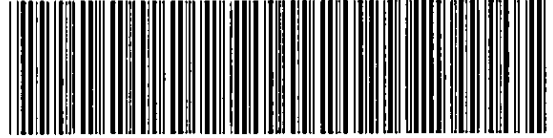
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALABAMA SECRETARY OF REVENUE

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K. SALY
JUN - 1 2023

BAILEY | CAVALIERI

JAMES G. RYAN
E jryan@baileycav.com
D 614-229-3247

May 3, 2023

VIA FEDEX

Florida Department of State
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: ***James Harris Consulting, LLC***

Dear Sir or Madam:

Enclosed please find the following:

1. Cover Letter;
2. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida; and,
3. Full Force and Effect Certificate for James Harris Consulting, LLC from the Ohio Secretary of State.

I have also enclosed our check in the amount of \$125.00 for the filing fee.

Thank you for your assistance. If you have any questions or need additional information, please contact me.

Very truly yours,



James G. Ryan
Bailey Cavalieri LLC

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: James Harris Consulting, 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:

James G. Ryan, Esq.

Name of Person

Bailey Cavalieri LLC

Firm/Company

10 West Broad Street, Suite 2100

Address

Columbus, OH 43215

City/State and Zip Code

jcolleran@baileycav.com

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

For further information concerning this matter, please call:

Joan Colleran

614

229-3220

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. James Harris Consulting, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

2. Ohio 3. 923289348
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1728 Victoria Circle 6. 1728 Victoria Circle
(Street Address of Principal Office) (Mailing Address)

Vero Beach, FL 32967 Vero Beach, FL 32967

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

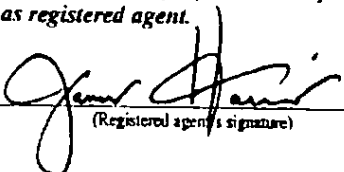
Name: James Harris

Office Address: 1728 Victoria Circle

Vero Beach 32967
(City) , Florida (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)

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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]:

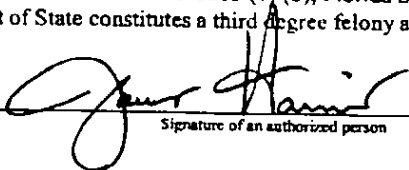
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: James Harris	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 1728 Victoria Circle	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Vero Beach, FL 32967	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-6-00 BY 60321

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.



Signature of an authorized person
James Harris

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 JAMES HARRIS CONSULTING, LLC, an Ohio Limited Liability Company, Registration Number 5028042, was organized in the State of Ohio on April 3, 2023, is currently in FULL FORCE AND EFFECT upon the records of this office.

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2023 MAY -4 PM 4:11
CLERK OF THE SECRETARY OF STATE
COLUMBUS, OHIO



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 3rd day of May, A.D. 2023.*

Frank LaRose

Ohio Secretary of State

Validation Number: 202312304254