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TO.		0000	
TO:	Registration Section		
	Division of Corpora	· · · · · · · · · · · · · · · · · · ·	
	11/4	M 1 11 11	
SUBJE	CCT:	Mid West, UC	
		Name of Limited Liability Company	
TI	1 101 12 12		
The en-	closed "Application by	Foreign Limited Liability Company for Authorization to Transact Business in Florida	a," Certificate of
EXISTE	ce, and check are subr	nitted to register the above referenced foreign limited liability company to transact but	siness in Florida.
Please	return all corresponder	ce concerning this matter to the following:	
	إسميد	and P. Ban	
		odd R. Brau's Name of Person	
		Name of Person	_
	1.1.		
	WH	WEST LLC	
	<u></u>	Midwest, UC-	_
		· min company	
	711	19 Battler sky).	
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		niontown Utt 44685	
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		edd. Brown owounchomes in	
	_ <u>-`</u>	E-mail address: (to be used for future annual report notification)	_
For furt	her information concer	ning this matter, please call:	
	lodd Li	Sour at (330 896-764	
	Nam	e of Contact Person Area Code Daytime Telephone Number	-
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	Mailing Address:	Street Address:	
	Registration Section		
	Division of Corpo	rations Division of Corporations	2
	P.O. Box 6327	The Centre of Tallahassee	へつ
	Tallahassee, FL 32	2314 2415 N. Monroe Street, Suite 810	1/2/2
		Tallahassee, FL 32303	111
	Enclosed is a check for	r the following amount:	
	□ \$125.00 Filing Fee	vable to: FLORIDA DEPARTMENT OF STATE	
	L \$125.00 Filing ree	☐ \$130:00 Filing Fee & \$155.00 Filing Fee & ☐ \$160.00 Filing Fee. Certificate of Status Certified Copy of Status & Certified Copy	
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

is organized) a Florida, if prior to registration, 1905, F.S. to determine penalty if	Bernate name must include "Limited Liability 36 - 0588 05 (FEI number, if a	ppplicable)
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i Florida, if prior to registration. 1905, F.S. to determine penalty li	- same	-
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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: Title or Capacity: Name and Address: □Manager ☐ Manager Name: ☐ Member □Member Address: ☐ Authorized ☐ Authorized Person Person Other_ Other □Other___ Manager □Manager Name: □Member □Member Address: ☐ Authorized Authorized Person Person Other Other □ Other □Other □Manager □Manager Name: □Member □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. Signature of an authorized person Brown

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 WH MIDWEST, LLC, an Ohio Limited Liability Company, Registration Number 1892961, was organized in the State of Ohio on November 2, 2009, 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 2nd day of November, A.D. 2023.

Ohio Secretary of State

I the

Validation Number: 202330602626



DATE: 2/2/2009 DOCUMENT ID 200930601052

DESCRIPTION ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO. (LCP) FILING 125.00

100.00

PENALTY

CERT

COPY

Receipt

This is not a bill. Please do not remit payment.

ZOLLINGER, GRUBER, THOMAS & CO. 6370 MT. PLEASANT STREET NW PO BOX 2985 NORTH CANTON, OH 44720-0985

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1892961

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

WH MIDWEST, LLC

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.

200930601052



United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 2nd day of November, A.D. 2009.

Ohio Secretary of State