

M230000152010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

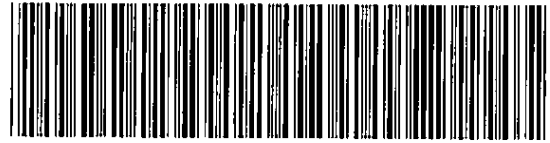
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W 23000161366 12/4

Office Use Only



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11/14/23--01037--006 **125.00

FILED
2023 DEC -4 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2023

NIKKI LAJOM
1830 COLONIAL VILLAGE LANE
LANCASTER, PA 17601 US

SUBJECT: ZINOFF & COMPANY, LLC
Ref. Number: W23000161366

We have received your document for ZINOFF & COMPANY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1055.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Corey Pettway
Regulatory Specialist II

Letter Number: 023A00027555

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 12/13/2023

****WALK IN****

ENTITY NAME Zinoff & Company, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$1180

ACCOUNT #: I20160000072

S. R. JNO

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

**TO: Registration Section
Division of Corporations**

ZINOFF & COMPANY, LLC

SUBJECT: _____
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:

Nikki Lajom

Name of Person

Harbor Compliance

Firm/Company

1830 Colonial Village Lane

Address

Lancaster, PA 17601

City/State and Zip Code

accounting@deliverthat.com

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

For further information concerning this matter, please call:

Nikki Lajom

Name of Contact Person

717

at ()

Area Code

869-0133

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. ZINOFF & COMPANY, 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEE number, if applicable)

4. 1/1/2019

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

5. 4895 Dressler RD. NW

(Street Address of Principal Office)

6. 5757 Mayfair Rd

(Mailing Address)

Suite B, Door E

Canton, OH 44718

5757 Mayfair Rd North Canton, OH 44720

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

Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St. Petersburg

(City)

Florida 33702

(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.

[Signature]

(Registered agent's signature)

SECRETARY OF STATE
TALLAHASSEE, FL

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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:**

☐ Manager Name: Aaron Hoffman

☒ Member Address: 4895 Dressler RD. NW

☐ Authorized Suite B, Door E

Person Canton, OH 44718

☐ Other _____ ☐ Other _____

☐ Manager Name: DCC Corp.

☒ Member Address: 4895 Dressler RD. NW

☐ Authorized Suite B, Door E

Person Canton, OH 44718

☐ Other _____ ☐ Other _____

☐ Manager Name: David Hoffman

☒ Member Address: 4895 Dressler RD. NW

☐ Authorized Suite B, Door E

Person Canton, OH 44718

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: John Zinno

☒ Member Address: 4895 Dressler RD. NW

☐ Authorized Suite B, Door E

Person Canton, OH 44718

☐ Other _____ ☐ Other _____

☐ Manager Name: Alessandro Migliuolo

☒ Member Address: 4895 Dressler RD. NW

☐ Authorized Suite B, Door E

Person Canton, OH 44718

☐ Other _____ ☐ Other _____

☐ Manager Name: Daryl Miller

☒ Member Address: 4895 Dressler RD. NW

☐ Authorized Suite B, Door E

Person Canton, OH 44718

☐ 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.

/s/ Daryl Miller
Signature of an authorized person

Daryl Miller

Typed or printed name of signer

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 ZINOFF & COMPANY, LLC, an Ohio Limited Liability Company, Registration Number 4268055, was organized in the State of Ohio on December 17, 2018, 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 6th day of November, A.D. 2023.*

A handwritten signature in black ink, appearing to read "Frank LaRose", written in a cursive style.

Ohio Secretary of State

Validation Number: 202331005118