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BUSINESS NAME	DOCUMENT #
DARBY APARTMENTS LLC	
Certified Copy	
Certificate of Status	
NEW FILINGS	AMMENDMENTS
Profit Corp	Amendment
Not for Profit	Resignation of R.A. Officer/Director
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Annual Report	Qualification
Fictitious Name	Other

EXAMINER'S INITIALS:____

COVER LETTER

TO:

UBJEC'	Darby Apartments LLC					
OBJEC	Nam	Name of Limited Liability Company				
he enclo xistence	ised "Application by Foreign Limited Liability, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida.				
lease ret	urn all correspondence concerning this matter t	o the following:				
	Charlie Tillett					
		Name of Person				
	Neiman Law LLC					
	Firm/Company					
	FOO S. IVal. Surat. Suite 120					
	580 S. High Street, Suite 120					
	Address					
	Columbus, Ohio 43215					
		City/State and Zip Code				
	E-mail address: (to b	e used for future annual report notification)				
or furthe	er information concerning this matter, please ca	dl:				
	Charlie Tillett	614 454-3579				
-	Name of Contact Person	Area Code Daytime Telephone Number				
	Mailing Address:	Street Address: Registration Section				
	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 DE	PARTMENT OF STATE				
	■ \$125.00 Filing Fee □ \$130.00 Filing Fe					

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE 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:

Darby Apartments LLC				
(Name of Foreign I	Limited Liability Company; must include "Limited	d Ciability Company,	" "L.L.C.," or "LI.C.")	
(If name unavailable, enter alternate m	ame adopted for the purpose of transacting business in FI	orida. The alternate nam	e must include "Limited Liability Comp.	any," "1_1_C," or "L1.C ")
Ohio		3.		
(Jurisdiction under the law of wh	nich foreign limited lizbility company is organized)	<u></u>	(FEI number, 1f applical	ole)
March 4, 2024				
· · · · · · · · · · · · · · · · · · ·	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) ine penalty liability)		
9370 Brock Road 5 Street Address of Principal Office)		9370 Bro		
(Street Address of Principal Office)		(Mail	ing Address)	
Plain City, Ohio 43064	<u> </u>	Plain Cit	y, Ohio 43064	
				
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptabl	c)	2024 K.S.R.
Name:	Lawrence Hall			
Office Address:	22560 La Fitte Dr.	. <u>.</u>		골 -
	Cudjoe Key		33042 Florida	50
	(Спу)	,,	(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: Name and Address: Title or Capacity: Name: ____ Name: _____ ■ Manager ■ Manager 9370 Brock Road 9370 Brock Road □Member Address: ☐ Member Plain City, Ohio 43064 Plain City, Ohio 43064 □ Authorized □ Authorized Person Person Other____ Other____ □ Other ____ □Other _____ Name: _____ Name: □Manager □Manager Address: ☐ Member Address: ☐ Member ☐ Authorized □ Authorized Person Person □Other_____ □Other____ □Other_____ Other _____ Name: _____ Name: ______ □Manager □Manager Address: _____ ☐ Member Address: □Member ☐ 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. Signature of an authorized person

Charlie Tillett

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 DARBY APARTMENTS, LLC, an Ohio Limited Liability Company, Registration Number 2363498, was organized in the State of Ohio on January 31, 2015, 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 4th day of March, A.D. 2024.

1 flac

Ohio Secretary of State

Validation Number: 202406403778