

M24000006932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

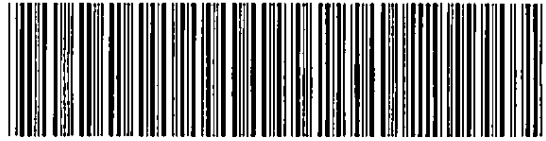
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 JUN -3 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 03 2024
K. Brumbley

2024 JUN -3 PM 3:00

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
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WALK IN

PICK UP: MISTY 6/1

CERTIFIED COPY _____

XX PHOTOCOPY _____

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XX FILING FOREIGN LLC

1. VOCON PARTNERS LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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. Vocon Partners 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. 26-0457859
(FEI number, if applicable)

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

5. 3142 Prospect Avenue E
(Street Address of Principal Office)

6. 3142 Prospect Avenue E
(Mailing Address)

Cleveland, OH 44115

Cleveland, OH 44115

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

Name: Registered Agent Solutions, Inc.

Office Address: 2894 Remington Green Ln, Ste A

Tallahassee, Florida 32308
(City) (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)

Brendan Wangel, Asst Secretary

2024 JUN -3 PM 3:16

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 checked="" type="checkbox"/> Manager	Name:	Juliane Workley		<input type="checkbox"/> Manager	Name:	John Workley	
<input checked="" type="checkbox"/> Member	Address:	3142 Prospect Avenue E		<input checked="" type="checkbox"/> Member	Address:	3142 Prospect Avenue E	
<input type="checkbox"/> Authorized		Cleveland, OH 44115		<input type="checkbox"/> Authorized		Cleveland, OH 44115	
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	David Robar		<input type="checkbox"/> Manager	Name:	Denver Brooker	
<input checked="" type="checkbox"/> Member	Address:	3142 Prospect Avenue E		<input checked="" type="checkbox"/> Member	Address:	3142 Prospect Avenue E	
<input type="checkbox"/> Authorized		Cleveland, OH 44115		<input type="checkbox"/> Authorized		Cleveland, OH 44115	
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Deborah Donley		<input type="checkbox"/> Manager	Name:	Paul Voinovich	
<input checked="" type="checkbox"/> Member	Address:	3142 Prospect Avenue E		<input checked="" type="checkbox"/> Member	Address:	3142 Prospect Avenue E	
<input type="checkbox"/> Authorized		Cleveland, OH 44115		<input type="checkbox"/> Authorized		Cleveland, OH 44115	
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> 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.

Digitally signed by Juliane Workley
DN: cn=US, email=workley@vocon.com, o=Vocon Partners LLC,
c=US, email=workley@vocon.com, o=Vocon Partners LLC,
cn=Juliane Workley
Reason: I have reviewed this document
Date: 2024.05.30 10:13:04 -04'00'

Juliane Workley

Signature of an authorized person

Juliane Workley

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 VOCON PARTNERS LLC, an Ohio Limited Liability Company, Registration Number 1703307, was organized in the State of Ohio on May 29, 2007, 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 24th day of May, A.D. 2024.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202414502122