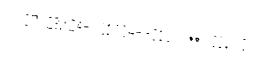
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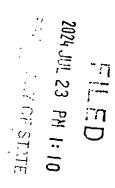
(Re	questor's Name)	
(Ad-	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	La-Z-Times, L.L.C ECT:	
		me of Limited Liability Company
		y Company for Authorization to Transact Business in Florida," Certificate of e referenced foreign limited liability company to transact business in Florida
Please	return all correspondence concerning this matter	r to the following:
	Stephanie Nye	
		Name of Person
	La-Z-Times, L.L.C	
		Firm/Company
	293 Coe St.	
		Address
	Tiffin, Ohio 44883	
		City/State and Zip Code
	stephnye@icloud.com	
	E-mail address: (to	be used for future annual report notification)
For fu	rther information concerning this matter, please of	rall:
	Stephanie Nye	419 618 4962
	Name of Contact Person	Area Code Daytime Telephone Number
	Mailing Address: Registration Section	Street Address: 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 DF ☐ \$125.00 Filing Fee ☐ \$130.00 Filing F Certificate	EPARTMENT OF STATE Fee & S155.00 Filing Fee & \$160.00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alternate	name adopted for the purpose of transacting busines	s in Florida. The a	ternate name must include "Limited Liabili	пу Сетраву	: " "I. I. C	C," or "LL
Ohio		-				
(Jurisdiction under the law of s	which foreign limited liability company is organized)	<u>. </u>	(LEI number, a	f applicable		
June 30th, 2024 Thi	s is the first transaction that we ne	ed to pay t	axes on			
	(Date first transacted business in Florida, if pr	for to registration	1			
	(See sections 605 0904 & 605,0905, F.S. to'd	etermine penalty I	ability)			
7506 Whitcomb St.		6.	(Mathing Address)			
rect Address of Principal Office)		_	(Mading Address)			
Englewood, FL 3422	23	٦	iffin, Ohio 44883			
		_		(1)	2024	
(This is the property	in our LLC.)	7	his is our home address			
Name and street address	ss of Florida registered agent: (P.O.	Day MAYE o	o makla)		UL 23	
Name and street addre	as of Florida registered agent. (1,0).	DOX (NOT a	(Ceptaine)	•••		77
Name:	Registered Agents Inc			: 	PM :	Ö
Office Address:	79014th St. N STE 300			[-j	0	
Office / Code Code	St. Peterburg	•	33702 . Florida			
			. 1 101 104			

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:	
■Manager	Stephanie Nye Name:	□Manager	Scott Nye Name:
□Member	293 Coe St. Address: Tiffin, Ohio 44883	■ Member	293 Coe St. Address: Tiffin, Ohio 44883
□Authorized		□Authorized	Titte, Onto 41005
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	∏Manager	Name:
□Member	Address:	□Member	Address:
□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. 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
,

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 LAZ-TIMES, L.L.C., an Ohio Limited Liability Company, Registration Number 4900918, was organized in the State of Ohio on July 25, 2022, 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 16th day of July, A.D. 2024.

Ohio Secretary of State

1 flore

Validation Number: 202419804296



DATE 07/25/2022 DOCUMENT ID 202220602878

DESCRIPTION
OHIO LLC - ARTICLES OF ORGANIZATION (LCP)

FILING 99 00

EXPED 0.00 0 00 0 00

Receipt

This is not a bill. Please do not remit payment

BEHM & HENRY, L.L.C. 187 S. WASHINGTON STREET TIFFIN, OH 44883

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose

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

LA-Z-TIMES, L.L.C.

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

Document(s)

Document No(s):

OHIO LLC - ARTICLES OF ORGANIZATION

Effective Date: 07/25/2022

202220602878



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 25th day of July, A.D. 2022.

Fort John

Ohio Secretary of State