

8/9/24 12:34 PM

Division of Corporations

M24000010315  
Florida Department of State  
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Division of Corporations  
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Account Number : I20180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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Foreign Limited Liability Company

N MAIN STREET CCSS LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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| Page Count            | 01       |
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Corporate Filing Menu

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August 12, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LEGALINC CORPORATE SERVICES INC.

SUBJECT: N MAIN STREET CCSS LLC  
REF: W24000113293

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please choose a title for the entity listed in section 8.,

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

KYLE D BRUMBLEY FAX Aud. #: H24000268355  
Regulatory Specialist II Supervisor Letter Number: 224A00017800  
Registration Section

((H24000268355 3)))

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1 N MAIN STREET CCSS 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

(FBI 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

(Street Address of Principal Office)

9349 Waterstone Blvd., Ste. 200

Cincinnati, OH 45249

6

(Mailing Address)

9349 Waterstone Blvd., Ste. 200

Cincinnati, OH 45249

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

Name

LEGALINC CORPORATE SERVICES INC.

Office Address

476 Riverside Ave.

Jacksonville

32202

, Florida

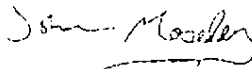
(City)

(Zip code)

2024 AUG 12 PM 1:47

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)

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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].

| <u>Title or Capacity:</u>                  | <u>Name and Address:</u>                  | <u>Title or Capacity:</u>            | <u>Name and Address:</u>             |
|--|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Manager           | Name <u>MV Commercial Development LLC</u> | <input type="checkbox"/> Manager     | Name, _____                          |
| <input checked="" type="checkbox"/> Member | Address _____                             | <input type="checkbox"/> Member      | Address _____                        |
| <input type="checkbox"/> Authorized        | <u>9349 Waterstone Blvd., Ste. 200,</u>   | <input type="checkbox"/> Authorized  | _____                                |
| Person                                     | <u>Cincinnati, OH, 45249</u>              | Person                               | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____      | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
|  |   |                                      |                                      |
| <input type="checkbox"/> Manager           | Name _____                                | <input type="checkbox"/> Manager     | Name _____                           |
| <input type="checkbox"/> Member            | Address _____                             | <input type="checkbox"/> Member      | Address _____                        |
| <input type="checkbox"/> Authorized        | _____                                     | <input type="checkbox"/> Authorized  | _____                                |
| Person                                     | _____                                     | Person                               | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____      | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
|  |   |                                      |                                      |
| <input type="checkbox"/> Manager           | Name _____                                | <input type="checkbox"/> Manager     | Name, _____                          |
| <input type="checkbox"/> Member            | Address _____                             | <input type="checkbox"/> Member      | Address _____                        |
| <input type="checkbox"/> Authorized        | _____                                     | <input type="checkbox"/> Authorized  | _____                                |
| 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 805.0203 (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.

*Nicholas G. Johnson*  
Signature of an authorized person

Nicholas J. Johnson

(((H24000268355 3)))

Type of printed number of copies

((H24000268355 3))

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 N MAIN STREET CCSS LLC, an Ohio Limited Liability Company, Registration Number 5267666, was organized in the State of Ohio on August 5, 2024, 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 9th day of August, A.D. 2024.*

*Frank LaRose*

Ohio Secretary of State

Validation Number: 202422104546

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