

M24000013741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

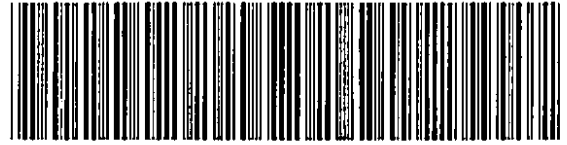
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W24000110640

Office Use Only



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SECRETARY OF STATE  
OFFICE OF THE CLERK  
2024 OCT 28 AM 9:59  
FILED  
APPROVED  
AND  
FILED

OCT 29 2024  
K. Brumble



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 6, 2024

KIMBERLY MCNEAL  
8465 RAUSCH DR  
PLAIN CITY, OH 43064 US

SUBJECT: THE TRADESMEN GROUP LLC  
Ref. Number: W24000110640

We have received your document for THE TRADESMEN GROUP LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Andrea Andrews  
Regulatory Specialist II

Letter Number: 024A00017345

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Tradesmen Group LLC  
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:

Kimberly McNeal  
Name of Person  
The Tradesmen Group LLC  
Firm/Company  
8465 Rausch Dr  
Address  
Plain City, OH 43064  
City/State and Zip Code  
kmcneal@tradesmengroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly McNeal at (740) 4123969  
Name of Contact Person Area Code 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. The Tradesmen Group, 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 31-1547172
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 8465 Rausch Dr same
(Street Address of Principal Office) (Mailing Address)

Plain City, OH 43064

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

Name: URS Agents, LLC
Office Address: 3458 Lakeshore Dr
Tallahassee, Florida 32312
(City) (Zip code)

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2024 OCT 28 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

URS Agents, LLC
by: MCH Thompson Assistant Secretary
(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:

Manager              Name: Melissa West

Member              Address: 8465 Rausch Dr

Authorized              Plain City, OH 43064

Person \_\_\_\_\_

Other President/CFO               Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

Manager              Name: Rick Freitag

Member              Address: 8465 Rausch Dr

Authorized              Plain City, OH 43064

Person \_\_\_\_\_

Other CEO               Other \_\_\_\_\_

Manager              Name: \_\_\_\_\_

Member              Address: \_\_\_\_\_

Authorized              \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_               Other \_\_\_\_\_

Manager              Name: \_\_\_\_\_

Member              Address: \_\_\_\_\_

Authorized              \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_               Other \_\_\_\_\_

Manager              Name: \_\_\_\_\_

Member              Address: \_\_\_\_\_

Authorized              \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_               Other \_\_\_\_\_

Manager              Name: \_\_\_\_\_

Member              Address: \_\_\_\_\_

Authorized              \_\_\_\_\_

Person \_\_\_\_\_

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

Melissa West, President  
 \_\_\_\_\_  
 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 THE TRADESMEN GROUP, LLC, an Ohio Limited Liability Company, Registration Number 978488, was organized in the State of Ohio on May 14, 1997, 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 28th day of October, A.D. 2024.*

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

Ohio Secretary of State

Validation Number: 202430202230