vitu

Cover Sheet - OH

| Process Date | Transaction Id |
|---|---|
| 10/20/2026 | 192032591 |
| **Titling State** | **Military** |
| OH | N |

## JM3KMDHA8T0211301 2026 MAZDA
## New Passenger

**Vehicle Info**

Model: CX-5
Body Type: Sport Utility Vehicle
GVW: 3752
Fuel Type: Gasoline
Odometer Reading: 10

**Sale Information**

Purchase Date: 09/26/2026
Sale Type: Lease
Taxable Selling Price: 0.00
MSRP:
List Price:
Trade in Value:

**Owner Info**

Owner 1 Name: LEIGHTON DENNIE
Owner 2 Name:
Registered Address: 35040 SPATTERDOCK LN, SOLON, Cuyahoga, OH, 44139
Lessor Name: MOBILITY ONE LEASE TRUST
Address: PO BOX 30209, COLLEGE STATION, BRAZOS, TX, 77842

**Lienholder Info**

Lienholder 1 Name:
Address:
Lienholder 2 Name:
Address:
Lienholder 3 Name:
Address:

**Registration Information**

Application Type: Title & Registration
Registration Action: New Registration
Registration Period:
Plate Number:
Expiration Date:

**Final Destination**

Send to: MAKENSIE SCHOFIELD
Phone: (410)427-5820
Mailing Address: 1 OLYMPIC PLACE,SUITE 700, TOWSON, BALTIMORE, MD, 21204

**Fee Summary**

| | |
|---|---|
| REGISTRATION FEE | $35.00 |
| LOCAL TAX | $20.00 |
| REFL./CO FEE | $.50 |
| DEPUTY FEE | $8.00 |
| TITLE FEE | $18.00 |
| LATE FEE | $5.00 |
| VITU FULL SERVICE FEE | $165.00 |
| OH STATE VARIABLE FEES | $10.00 |
| **Total** | **$261.50** |

**Submitted By:** Makensie Schofield
Phone: (443)269-8454
Location: Heritage Mazda Towson
Address: 1630 York Road, Lutherville, Baltimore, MD, 21093

**For Vitu use**

Pre-Checker Name

**Comments / Resolution:**

RECEIVED
OCT 21 2026
BY:

**For your paperwork to be processed faster, please send your transaction documents in the order they are listed on the checklist. Thank you!**

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# STATE OF OHIO - BUREAU OF MOTOR VEHICLES
## CERTIFICATE OF REGISTRATION

**PLATE NO.:** LBY1858 **REG. DATE:** 09/26/2026 **EXP. DATE:** 08/20/2027 **ISSUE DATE:** 10/30/2026 **APP NO.:** 718569ME
**VALIDATION NO.:** 708LBY1858 **ELECTRONIC POA** **AGENCY:** 7726
**LESSEE NAME:** LEIGHTON TREMAINE DENNIE **VEHICLE OWNERSHIP:** LEASE **USER ID:** JC
**LESSOR:** MOBILITYONE LEASE TRUST

**LESSEE ADDR:** 35040 SPATTERDOCK LN
**CITY:** SOLON **LESSOR ADDR:** 123 MAIN
**STATE** OH **ZIP:** 44139-5092 **ADD. CITY:** COLLEGE STATION
**TAX DISTRICT:** SOLON **ADD. STATE:** TX **ADD. ZIP:** 77842
**COUNTY:** CUYAHOGA
**INSIDE CORP LIMIT:** YES **VEHICLE CLASS:** PASSENGER
**VEHICLE YEAR:** 2026 **ODOMETER READING:** 10
**BODY TYPE:** SW **MAKE:** MAZD **STATE FEES:** $35.00

**CERTIFICATE TITLE NO.:** 6703443017 **PLATE TYPE:** SUNRISE IN OHIO
**VEH. SERIAL NO.:** JM3KMDHA8T0211301 **REG TYPE:** NEW **LOCAL TAX:** $20.00
**PURCHASE DATE:** 09/26/2026 **REFL./CO. FEE:** $0.50
**SUSPENSION/REVOCATION:** NO **DEPUTY FEE:** $8.00
**PRIOR OPERATION:** YES
**FEES PAID:** NO **TOTAL FEES:** $63.50

- In Ohio, it is illegal to drive any motor vehicle without insurance or other financial responsibility (FR) coverage.
- It is also illegal for any motor vehicle owner to allow anyone else to drive the owner's vehicle without FR coverage.
- PROOF OF COVERAGE IS REQUIRED: Whenever a police officer issues a traffic ticket*At all vehicle inspection stops*Upon traffic court appearances.
- ANY DRIVER OR OWNER WHO FAILS TO SHOW PROOF OF INSURANCE OR OTHER COVERAGE WILL:*Lose his or her driver license until requirements are met on first offense, ONE YEAR on second offense, and TWO YEARS on additional offenses*Pay reinstatement fees of $40.00 for first offense, $300.00 for second offense, $600.00 for third and subsequent offenses*Be required to maintain special FR coverage (SR-22) on file with the Bureau of Motor Vehicles (BMV) for ONE YEAR.
- IF YOU ARE INVOLVED IN AN ACCIDENT WITHOUT INSURANCE OR OTHER FR COVERAGE: In addition to all the penalties listed above, you may have*A SECURITY SUSPENSION for TWO YEARS or more and*A JUDGEMENT SUSPENSION INDEFINITELY (until all damages have been satisfied).
- THESE PENALTIES ARE IN ADDITION TO ANY FINES OR PENALTIES IMPOSED BY A COURT OF LAW.
- WARNING: THESE LAWS DO NOT PREVENT THE POSSIBILITY THAT YOU MAY BE INVOLVED IN AN ACCIDENT WITH A PERSON WHO HAS NO INSURANCE OR OTHER FR COVERAGE.
- WHEN REQUIRED, PROOF OF COVERAGE MAY BE SHOWN BY ANY OF THE FOLLOWING:*AN INSURANCE POLICY showing automobile liability insurance of at least $25,000 bodily injury per person, $50,000 injury two or more persons, and $25,000 property damage*AN INSURANCE IDENTIFICATION CARD (same coverage)*A SURETY BOND OF $30,000 issued by any authorized surety company or insurance company*A BMV BOND SECURED BY REAL ESTATE having equity of at least $60,000*A BMV CERTIFICATE FOR MONEY in the amount of $30,000 on deposit with the Registrar of Motor Vehicles *A BMV CERTIFICATE OF SELF-INSURANCE, available only to companies or persons who own at least twenty-six motor vehicles.

## PROOF OF FINANCIAL RESPONSIBILITY

I affirm that all owners (or lessees of leased vehicle) now have insurance or other FR coverage and will not operate or permit the operation of this motor vehicle without FR coverage; all previous registration fees due have been paid; this plate category is correct; and this vehicle will not be used as a commercial or farm vehicle unless so registered.

By signing below I agree to and attest that all the above is true and accurate,

X *SIGNATURE ON FILE*

SIGNATURE OF OWNER(S) DATE

WARNING: APPLICANT GIVING FALSE INFORMATION IS SUBJECT TO PROSECUTION-O.R.C. SEC. 2921.13.
APPLICATION MUST BE SIGNED BY THE OWNER(S) AS NAMED ON CERTIFICATE OF TITLE.

**DO NOT DISCARD.**
**THIS IS YOUR VEHICLE REGISTRATION CERTIFICATE.**

# OHIO CERTIFICATE OF TITLE

ISSUING COUNTY PORTAGE
ISSUING TITLE OFFICE # 6701
RESIDENT COUNTY PORTAGE

# STATE OF OHIO

**TITLE No. 67 0344 3017**
ISSUE DATE 10/30/2026

**ORIGINAL**

IDENTIFICATION NUMBER
**JM3KMDHA8T0211301**

YEAR
2026

MAKE
MAZD

MAKE DESCRIPTION
MAZDA

CONVERSION

MILEAGE
**10**

BODY TYPE
SW

MODEL DESCRIPTION
CX-5

EVIDENCE
MD-MCO - OUT OF STATE

MILEAGE NOTATION
**ACTUAL**

COMMENTS

PURCHASE PRICE
$36,160.30

EXEMPT
RO

NOTATION(S)

OWNER(S)
**MOBILITYONE LEASE TRUST**

**PO BOX 30209**
**COLLEGE STATION, TX 77842**

PREVIOUS OWNER(S)
HERITAGE MAZDA TOWSON

1630 YORK ROAD
LUTHERVILLE, MD 21093

PORTAGE COUNTY CLERK OF COURTS RAVENNA, OHIO

WITNESS MY HAND AND OFFICIAL SEAL THIS 30TH DAY OF OCTOBER, 2026

%240268084

%240268084

Jill Fankhauser

JILL FANKHAUSER
CLERK OF COURTS

G

BNJ
DLB

ERASURES AND ALTERATIONS VOID THIS TITLE

ERASURES AND ALTERATIONS VOID THIS TITLE

TITLE DOCUMENT CONTAINS OHIO WATERMARK WHICH IS VISIBLE WHEN HELD TO LIGHT

BMV 3800 1/19 [760-1503]

**ERASURES AND ALTERATIONS VOID THIS TITLE ASSIGNMENT. (Type or print in ink.)**

**ASSIGNMENT OF OWNERSHIP** This vehicle was a (if applicable): ☐ Law Enforcement Vehicle ☐ Flood Vehicle ☐ Taxi

**WARNING TO TRANSFEROR AND TRANSFEREE (SELLER AND BUYER):** You are required by law to state the true selling price. A false statement is in violation of section 2921.1 of the Revised Code and is punishable by six months' imprisonment or a fine of up to one thousand dollars, or both. All transfers are audited by the department of taxation. The seller and buyer must provide any information requested by the department of taxation. The buyer may be assessed any additional tax found to be due.

Buyer(s) Printed Name(s) _____

Buyer(s) Printed Address _____

**I (we) certify** the vehicle/watercraft/outboard motor described in this title was transferred on ____/____/____ for the price of $_____ to the above listed buyer(s).

**ODOMETER CERTIFICATION:** Federal and state laws require that you state the mileage in connection with transfer of ownership. Failure to complete or providing false information may result in fines and imprisonment.

**Odometer Reading:**

☐☐☐, ☐☐☐ Miles (no tenths)

Thousands

Seller is a minor ☐ Yes ☐ No If yes, BMV 3751 Form required

**I (we) warrant** the title to be free of all liens.

**I (we) hereby certify** that to the best of my (our) knowledge:

**Check one** (Mileage status information will print on the front of the title)

☐ The odometer reading reflects the actual mileage

☐ The odometer reading is in EXCESS of the mechanical limits

☐ The odometer reading is not the actual mileage (e.g., Broken odometer) - WARNING-ODOMETER DISCREPANCY

☐ Exempt from mileage disclosure (e.g., APV, Repossession, Inheritance)

_____ X _____

Seller's Printed Name | Seller's Signature **(Must sign in front of Notary/Authorized Officer)**

_____ X _____

Additional Seller's Printed Name (if applicable) | Additional Seller's Signature (if applicable) **(Must sign in front of Notary/Authorized Offic**

_____

Seller's Printed Street Address | City | State | Zip

****Note** All applicable blank spaces above must be completed before acknowledgement by notary**

Sworn to and subscribed in my presence this _____ day of _____, 20____

in _____ County, State of _____

X _____ _____

Signature of Notary Public or other Authorized Officer by law | My commission expires

**BUYER'S ACKNOWLEDGEMENT OF ABOVE ODOMETER CERTIFICATION**

_____ X _____

Buyer's Printed Name | Buyer's Signature

_____ X _____

Co-Buyer's Printed Name (if applicable) | Co-Buyer's Signature (if applicable)

**APPLICATION FOR CERTIFICATE OF TITLE (Type or print in ink.)**

Check Type of Application(s): ☐ Motor Vehicle ☐ Memorandum ☐ Watercraft ☐ Outboard Motor ☐ Salvage

Applicant's Printed Name _____ SSN/EIN _____

Co-Applicant's Printed Name (if applicable) _____ SSN/EIN _____

Applicant's Printed Address _____

Street | City | State | Zip | County

Purchase Price $_____ Gross Tax Due $_____ Vendor's Discount $_____ Tax Paid $_____

If Tax Exempt, state reason _____ Dealer Permit # _____ Vendor # _____ Trade in $_____

**LIEN INFORMATION:** If no lien, state "none." If more than one lien, attach statement of all additional liens.

Lienholder _____ E-Lien # _____

Lienholder Address _____

Condition of vehicle/watercraft/outboard motor (check only one) ☐ Good ☐ Fair ☐ Poor ☐ Wrecked Print Title ☐ Yes ☐ No

With Right of Survivorship ☐ Yes ☐ No Transfer on Death ☐ Yes ☐ No If yes, BMV 3811 Form required

Applicant is a minor ☐ Yes ☐ No If yes, provide Date of Birth ____/____/____ and BMV 3751 Form required

**I (we) state that all information contained in this application is true and correct.**

X _____

Applicant's Signature **(Must sign in front of Notary/Authorized Officer)**

X _____

Co-Applicant's Signature (if applicable) **(Must sign in front of Notary/Authorized Officer)**

****Note** All applicable blank spaces above must be completed before acknowledgement by notary**

Sworn to and subscribed in my presence this _____ day of _____, 20____

in _____ County, State of _____

X _____ _____

Signature of Notary Public or other Authorized Officer by law | My commission expires

**LATE FEE OF $5.00 FOR FAILURE TO APPLY FOR TITLE WITHIN 30 DAYS OF ASSIGNMENT.**

To be completed by Seller and signed in front of Notary/Authorized Officer

To be completed by Applicant/Buyer and signed in front of Notary/Authorized Officer

Notary/Authorized Officer

Notary/Authorized Officer