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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

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

Email Address: _____

Foreign Limited Liability Company
AW-PSL Food & Beverage, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Handwritten signature/initials

H210003012613

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. AW-PSL Food & Beverage, 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. (FEI number, if applicable)

4. 8/9/2021 (Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty liability))

5. 2211 Medina Road, Suite #100 (Street Address of Principal Office)

6. 2211 Medina Road, Suite #100 (Mailing Address)

Medina, OH 44256

Medina, OH 44256

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

Name: PFL Registered Agent, L.L.C.

Office Address: 1833 Hendry Street

Fort Myers, Florida 33901 (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)

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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>America Walks at Port St. Lucie, LLC</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>2211 Medina Road, Suite #100</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Medina, OH 44256</u>	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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.

Kim M. Brokaw

Signature of an authorized person

Kevin Brokaw, Manager of America Walks Port St. Lucie, LLC, Sole Member

Typed or printed name of signor

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**UNANIMOUS WRITTEN CONSENT OF
THE MEMBER OF
AW-PSL FOOD & BEVERAGE, LLC**

On August 9, 2021, the undersigned, being the Sole Member of **AW-PSL FOOD & BEVERAGE, LLC**, a dissolved Florida liability company (the "**Dissolved Company**"), hereby adopt, by this written action in lieu of a meeting, the following resolutions:

WHEREAS, on August 5, 2021, the Dissolved Company was voluntarily dissolved by the consent of the sole member.

WHEREAS, on August 5, 2021, AW-PSL Food & Beverage, LLC, an Ohio limited liability company was filed in the State of Ohio ("Ohio Entity").

WHEREAS, the parties desire to qualify the Ohio Entity to transact business in the State of Florida.

NOW, THEREFORE, BE IT

RESOLVED, AW-PSL Food & Beverage, LLC, a dissolved Florida limited liability company hereby waives the right to file revocation of dissolution and hereby gives permission to the Ohio Entity to be qualified in Florida under the same name.

IN WITNESS WHEREOF, the sole member has executed this instrument as of the day and year first above written.

SOLE MEMBER:

America Walks at Port St. Lucie, LLC
a Delaware limited liability company



Kevin M. Brokaw, Manager

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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
08/05/2021	202121702258	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

WEST MARKET BUSINESS SERVICES, INC.
2211 MEDINA ROAD, SUITE 100
MEDINA, OH 44256

**STATE OF OHIO
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose
4683380**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
AW-PSL FOOD & BEVERAGE, LLC

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

Document(s)

LIMITED LIABILITY COMPANY - AMENDMENT

Effective Date: 08/05/2021

Document No(s):

202121702258



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
5th day of August, A.D. 2021.

Frank LaRose
Ohio Secretary of State