M220000/4475

	(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:	
		•
		1





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APPROVED

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NOV 01 2022 K. Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 0864347 7775081
AUTHORIZATION: Synthetics
COST LIMIT : \$ 125.00
ORDER DATE : October 28, 2022
ORDER TIME : 9:53 AM
ORDER NO. : 086434-075
CUSTOMER NO: 7775081
FOREIGN FILINGS
NAME: 5401 SAWYER ROAD FL OWNER LLC
XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

Registration Section

TO:

COVER LETTER

	Nam	e of Limited Liability Company
enclosed "Ap	pplication by Foreign Limited Liability neck are submitted to register the above	Company for Authorization to Transact Business in Florida," Certifica referenced foreign limited liability company to transact business in Florida.
se return all o	correspondence concerning this matter t	to the following:
		Name of Person
		Firm/Company
		Address
		City/State and Zip Code
	E-mail address: (to b	e used for future annual report notification)
urther inforr	nation concerning this matter, please ca	П:
	Name of Contact Person	at () Area Code Daytime Telephone Number
Registr Divisio P.O. B	Address: ration Section on of Corporations ox 6327 assee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Liability Company; must include "Limited E	Jability Company. L.L.C., of "LLC.)		
If name unavailable, enter alternate name ado				
	oted for the purpose of transacting business in Flori-	da. The alternate name must include "Limited Lis	ability Company," "L.L.C," (or "LLC.")
Delaware 2.		88-4230408		
(Jurisdiction under the law of which force	gn limited liability company is organized)	(FEI number	er, il applicable)	
4				
(Da (Se	te first transacted business in Florida, if prior to reg e sections 605,0904 & 605 0905, F.S. to determine	istration.) penalty liability)		
4500 Dorr Street 5.		4500 Dorr Street		
(Street Address of Principal Office)		6. (Mailing Address)		
Toledo, OH 43615		Toledo, OH 43615		
		· · · · · · · · · · · · · · · · · · ·		
			720	_
7. Name and street address of FI	orida registered agent: (P.O. Box)	NOT acceptable)		AP F
		·		
Corp Name:	poration Service Company		AH II	D. A.F.C
	1 Hays Street		5	
Office Address:			- ' CO	
Talla	ahassee	32301		
	(City)	, Florida(Zip code)		

Title or Capacity:	Name and Address: Mary Ellen Pisanelli	Title or Capacity:	<u></u>
□Manager	Name: Mary Ellen Pisanelli 4500 Dorr Street		Name:Matthew McQueen
□Member	Address: 4500 Dorr Street	□Member	Address: 4500 Dorr Street
■ Authorized	Toledo, OH 43615	Authorized	Toledo, OH 43615
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
indexed individuals 9. Attached is a certifurisdiction under the of the translator mus 10. This document is	se an attachment to report more than six (6 may be added to the index when filing you ficate of existence, no more than 90 days of a law of which it is organized. (If the certific to be submitted) so executed in accordance with section 605, nent to the Department of State constitutes	r Florida Department of State old, duly authenticated by the ficate is in a foreign language. 0203 (1) (b), Florida Statutes.	Annual Report form. official having custody of records in th, a translation of the certificate under or I am aware that any false information

Typed or printed name of signee

Mary Ellen Pisanelli



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "5401 SAWYER ROAD FL OWNER LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "5401 SAWYER ROAD FL OWNER LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 204733769

Date: 10-28-22