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(Requ	uestor's Name)	
)bbA)	ress)	
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[City/	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Na	ine)
[Elect	ument Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer	

Office Use Only



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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>5/19/2020</u>		,	**WALK IN**
ENTITY NAME ASHWA	JBENON PARKING, LLC		
DOCUMENT NUMBER_			
	PLEASE FILE THE ATTACHED AND	RETURN	arty,
xxxx	Plaix Copy		
	Certified Copy		$H^*(0) \mapsto \nabla^{-1}$
	Certificate of Status		
***	LEASE OBTAIN THE FOLLOWING FOR THE Certified Copy of Arts & Amendments Certified Copy of Arts & Amendments Complet		,
	Certificate of Status		
	Certificate of Status Reflecting:		: ``\
	APOSTILLE' / NOTARIAL CERTIC	FICATION	
COUNTRY OF DESTINATION	DN	· ;	C_{p}^{*}
NUMBER OF CERTIFICATE	S REQUESTED	 ,	
TOTAL OWED \$ 125.00	ACCOUN' United Co Services, In above number for any issues or conc	T# 120140000108 / Cuth orporate	Repport
Please call Tina at the	above number for any issues or conc	erns. Th ank yoa so muc	h! U

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 20, 2021

SUNSHINE STATE CORPORATE COMPLIANCE

SUBJECT: ASHWAUBENON PARKING, LLC

Ref. Number: W21000072466

CORRECTED
Please Allow For
Same File Date

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

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 421A00010750

2021 MAY 24 AM 11: 48

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2321 KAY 19 PH 1: 10

ARTICLE I - Name:
The name of the Limited Liability Company is:

SECTION OF STATE
TALLAGE SEE, FL

Ashwaubenon Parking, (Must contain	the words "Limited Liz	ability Company,	"L.L.C.," or "LLC.")
CLE II - Address: iling address and street add	ress of the principal offi	ice of the Limited	Liability Company is:
Principal	Office Address:		Mailing Address:
2911 Cardinal Drive		291	Cardinal Drive
Vero Beach, FL 32963		Verd	Beach, FL 32963
CLE III - Registered Agen mited Liability Company or business entity with an act	t, Registered Office, & annot serve as its own R ive Florida registration.	egistered Agent.)	
CLE III - Registered Agen mited Liability Company o	t, Registered Office, & annot serve as its own R ive Florida registration. dress of the registered a	egistered Agent.) gent are:	nt's Signature:
CLE III - Registered Agen mited Liability Company or business entity with an act	t, Registered Office, & annot serve as its own R ive Florida registration. dress of the registered a Robert W. Kleinschmic	egistered Agent.) gent are:	nt's Signature:
CLE III - Registered Agen mited Liability Company or business entity with an act	t, Registered Office, & annot serve as its own R ive Florida registration. dress of the registered a Robert W. Kleinschmic	egistered Agent.) gent are: dt	nt's Signature:
CLE III - Registered Agen mited Liability Company or business entity with an act	t, Registered Office, & annot serve as its own R ive Florida registration. dress of the registered a Robert W. Kleinschmid	egistered Agent.) gent are: dt Name	nt's Signature: You must designate an individu
CLE III - Registered Agen mited Liability Company or business entity with an act	t, Registered Office, & annot serve as its own R ive Florida registration. dress of the registered a Robert W. Kleinschmid i 2911 Cardinal Drive	egistered Agent.) gent are: dt Name	nt's Signature: You must designate an individu

Having been named as registered agent and to occupt service of process for the above stated limited liability company at the place designated in this certificate. 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 relating to the graphs and of implete performance of my duties, and I am familiar with and accept the obligations of my position integritate affaith as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)