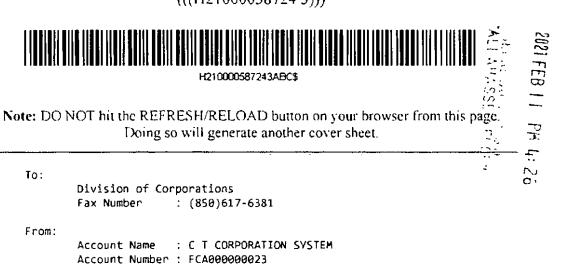
2/11/2021

From: James Tanks III

Division of Corporations Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000058724 3)))



Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address:

## FLORIDA LIMITED LIABILITY CO. ShaLa II, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Electronic Filing Menu

Corporate Filing Menu

Help

To: 18506176381

Altiticizator	ORGANIZATION FOR	r DO INDA LAM	HED LANDID	III COMI AIII				
ARTICLE 1 - Name: The name of the Limited Liabilit	y Company is:							
ShaLa II, LLC (Must cont	ain the words "Limited	Liability Comp	pany, "L.L.C.	," or "LLC.")		-		
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Lir	nited Liabīlit	y Company is:				
<u>Princip</u>	al Office Address:			Mailing Addres	<u>ız</u> :			
1965 Waddle Road State College Pennsylvania 16803			1965 Waddi State Colleg Pennsylvani	e		- - - •	2	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered Ag			vidual or	TI AHASS	2021 FEB 1	-
The name and the Florida street	address of the registered	d agent are:				) (		; ·
	C T Corporation Sys	tem					3	7 *
		Name				: 전투 보	٠: <del>١</del>	`.
	1200 South Pine Isla	nd Road					O.	
	Florida street addres	s (P.O. Box <u>N</u>	OT acceptab	le)				
	Plantation	Florida		33324				
	City	State		Zip				

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 certificate, I hereby occept 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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

C T Corporation System

Yind McOny Assistant Secretary By: Registered Agent's Signature (REQUIRED)

(CONTINUED)

To: 18506176381

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Lance T. Shaner
,	1965 Waddle Road
	State College, Pa. 16803
	<u>.</u>
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