

Florida Department of State  
Division of Corporations  
Electronic Filing

((H190001806133)))

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.

(((H190001806133)))



H190001806133ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NETEL & MULLIS,  
Account Number : 076424003301  
Phone : (813) 223-7474  
Fax Number : (813) 227-0435

P.A.

2019 JUN 10 11:26:32 AM  
19-1925/RHS

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

Email Address: taood@trenam.com

Foreign Limited Liability Company  
PACE Equity LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2019 JUN 10 11:26:32 AM

Y SCOTT

JUN 10 2019

Electronic Filing Menu

Corporate Filing Menu

Help

RE-SENDING WITH CORRECTED CONSENT LETTER ✓

(((H190001806133)))

# 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. PAGE Equity 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. Wisconsin 3. 46-3859243  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. June 7, 2019  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0903 & 605.0905, F.S. to determine penalty liability)

5. 731 N. Jackson Street, Suite 420  
(Street Address of Principal Office)  
Milwaukee, WI 53202-4601

6. 101 E. Kennedy Boulevard  
(Mailing Address)  
Suite 2700  
Tampa, FL 33602

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

Name: TK Registered Agent, Inc.

Office Address: 101 E. Kennedy Boulevard, Suite 2700

Tampa 33602  
(City) Florida (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.

[Signature]  
(Registered agent's signature)

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 checked="" type="checkbox"/> Manager	Name: Edward A. Engman, Jr.	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 731 N. Jackson St. Suite 420	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Milwaukee, WI 53202	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: Kevin Moyer
<input type="checkbox"/> Member	Address: 731 N. Jackson St. Suite 420
<input type="checkbox"/> Authorized	Milwaukee, WI 53202
Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____
Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

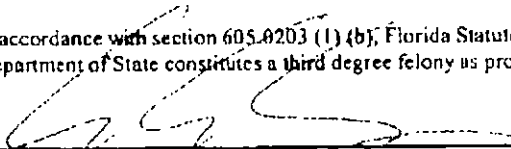
<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____
Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____
Person	_____
<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.

  
 \_\_\_\_\_  
 Signature of authorized person

Edward A. Engman, Jr., Manager

\_\_\_\_\_  
 Typed or printed name of signer

United States of America  
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

**PACE EQUITY LLC**

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is October 11, 2013.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

FILED  
JUN 11 2019  
DIVISION OF CORPORATE & CONSUMER SERVICES  
DEPARTMENT OF FINANCIAL INSTITUTIONS



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on June 06, 2019.

MARY ANN MCCOSHEN, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

DFI/Corp/33

**To validate the authenticity of this certificate**

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: 246462-7E87457F

***PACE EQUITY LLC***  
731 N. Jackson Street, Suite 420  
Milwaukee, WI 53202

June 7, 2019

Florida Department of State  
Division of Corporations  
Corporate Filings  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Consent to Use of Name

To Whom It May Concern:

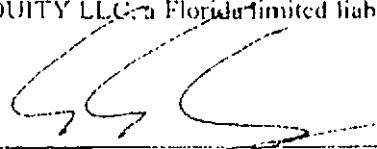
PACE Equity LLC, a Florida limited liability company, hereby consents to allow PACE Equity LLC, a Wisconsin limited liability company, to the use of the name "PACE Equity LLC".

Please contact the undersigned if additional information is needed or if you have any questions.

Thank you for your assistance.

Sincerely,

PACE EQUITY LLC, a Florida limited liability  
company

By:   
Edward A. Engman, Member