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Florida Department of State
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.

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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 : PAVESE LAW FIRM
Account Number : I20130000057
Phone : (239)334-2195
Fax Number : (239)332-2243

****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
America Walks at Port St. Lucie**

Certificate of Status	0
Certified Copy	0
Page Count	08
Estimated Charge	\$125.00

RECEIVED
2020 MAY 15 PM 4:05

2020 MAY 15 AM 11:52
FILED

MAY 13 2020

7:17 PM

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: America Walks at Port St. Lucie

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Charles Mann

Name of Person

Pavese Law Firm

Firm/Company

1833 Hendry Street

Address

Fort Myers, FL 33901

City/State and Zip Code

kbrokawdevelopment@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Mann

239

336-6242

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

11300-1448623

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. America Walks at Port St. Lucie, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC."

2. Ohio 3. 85-0870187
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 38931 Berkshire Avenue 6. 38931 Berkshire Avenue
(Street Address of Principal Office) (Mailing Address)

Avon, OH 44011 Avon, OH 44011

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

Name: P.L.F. Registered Agent, LLC

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.

[Signature]
(Registered agent's signature)

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MAY 15 A 7:52
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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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]:

Title or Capacity:Name and Address:☒ Manager

Name: Kevin M. Brokaw

☐ Member

Address: 38931 Berkshire Ave

☐ Authorized

Avon, OH 44011

Person

☐ Other☐ OtherTitle or Capacity:Name and Address:☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other☐ Other☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other☐ Other☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other☐ Other☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other☐ Other☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other☐ 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.

K. M. Brokaw

Signature of an authorized person

Kevin M. Brokaw, Manager

Typed or printed name of signer



Fri May 15 2020

Entity#: 4465346
Filing Type: DOMESTIC LIMITED LIABILITY COMPANY
Original Filing Date: 04/27/2020
Location: ---
Business Name: AMERICA WALKS AT PORT ST. LUCIE, LLC

Status: Active
Exp. Date: -

Agent/Registrant Information

KEVIN M. BROKAW
38931 BERKSHIRE AVENUE
AVON OH 44011
04/27/2020
Active

Filings

Filing Type	Date of Filing	Document ID
ARTICLES OF ORGNZTN/DOM. PROFIT LIM.LIAB. CO.	04/27/2020	202011804212

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that this is a list of all records approved on this business entity and in the custody of the Secretary of State.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 15th of May, A.D. 2020

Ohio Secretary of State

A handwritten signature of Frank LaRose in black ink.

DOC ID → 202011804212



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
04/27/2020	202011804212	DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG (LCP)	99.00	0.00	0.00	0.00

Receipt

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

1974
9350 MERCER LANE
BRECKSVILLE, OH 44141

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
4465346

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
AMERICA WALKS AT PORT ST. LUCIE, LLC

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

Document(s)

DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG

Effective Date: 04/27/2020

Document No(s):

202011804212

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
27th day of April, A.D. 2020.

Ohio Secretary of State

Form 533A Prescribed by:



Date Electronically Filed: 4/27/2020
Toll Free: 877.787.3453 | Central Ohio: 614.466.3910
OhioSoS.gov | business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$99
Form Must Be Typed

CHECK ONLY ONE (1) BOX

(1) Articles of Organization for Domestic
☒ For-Profit Limited Liability Company
(115-LCA)

(2) Articles of Organization for Domestic
☐ Nonprofit Limited Liability Company
(115-LCA)

Name of Limited Liability Company **America Walks at Port St. Luke, LLC**

(Name must include one of the following words or abbreviations:
"limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "Ltd.")

Optional: Effective Date (MM/DD/YYYY) **4/27/2020**

(The legal existence of the corporation begins upon the
filing of the articles or on a later date specified that is not
more than ninety days after filing.)

Optional: This limited liability company shall exist for

Period of Existence

Optional: Purpose

**** Note for Nonprofit LLCs**

The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided. **

Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

America Walks at Port St. Lucie, LLC

(Name of Limited Liability Company)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

KEVIN M. BROKAW

(Name of Statutory Agent)

36931 BERKSHIRE AVENUE

(Mailing Address)

AVON

(Mailing City)

OH

(Mailing State)

44011

(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, KEVIN M. BROKAW, named herein as the
(Name of Statutory Agent)

Statutory agent for America Walks at Port St. Lucie, LLC
(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature KEVIN M. BROKAW

(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

If the authorized representative is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the authorized representative is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

KEVIN M. BROKAW

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name