

M21000415038

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.

((H210004175913)))



H210004175913A0C/

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 : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : I19990000006
Phone : (407)425-7010
Fax Number : (407)425-2747

FILED
2021 NOV 10 PM 12:15
SUTCLIFFE, P.A.
TALLAHASSEE, FL

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

Email Address: corporate@zkslawfirm.com

Foreign Limited Liability Company
PMF Gainesville 77 LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

2021 NOV 10 PM 4:53

TALLAHASSEE, FL 32302

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

NOV 10 2021

H210004175913

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PMF GAINESVILLE 77 LLC

.....
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:

N. DWAYNE GRAY, JR., ESQUIRE

.....
Name of Person

ZIMMERMAN, KISER & SUTCLIFFE, P.A.

.....
Firm/Company

315 E. ROBINSON STREET, SUITE 600

.....
Address

ORLANDO, FLORIDA 32801

.....
City/State and Zip Code

CORPORATE@ZKSLAWFIRM.COM

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

For further information concerning this matter, please call:

Eileen Soto, Legal Assistant

407

425-7010

.....
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

41210004175913

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. PMF GAINESVILLE 77 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. DELAWARE 3. 87-3474110
(Jurisdiction under the law in which foreign limited liability company is organized) (FBI number, if applicable)

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

5. <u>315 E. Robinson Street</u> (Mailing Address of Principal Office)	6. <u>315 E. Robinson Street</u> (Mailing Address)
<u>Suite 600</u>	<u>Suite 600</u>
<u>Orlando, FL 32801</u>	<u>Orlando, FL 32801</u>

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

Name: N. Dwayne Gray, Jr., Esquire

Office Address: 315 E. Robinson Street, Suite 600

Orlando, Florida 32801
(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.

N. Dwayne Gray, Jr.

(Registered agent's signature)

FILED
 2021 NOV 10 PM 12:15
 SEC. TALLAHASSEE, FL

H210004175913

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>
☒ Manager	Name: Kenneth P. Polsinelli	☐ Manager	Name: _____
☐ Member	Address: 315 E. Robinson Street, Ste 600	☐ Member	Address: _____
☐ Authorized	Orlando, FL 32801	☐ Authorized	_____
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 _____

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.

Executed by: Kenneth P. Polsinelli
 Signature of an authorized person
 KENNETH P. POLSINELLI, MANAGER
 Typed or printed name of signer

Delaware

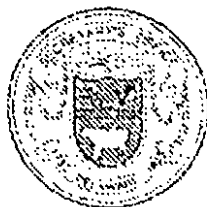
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PMF GAINESVILLE 77 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 NINTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PMF GAINESVILLE 77 LLC" WAS FORMED ON THE FOURTH DAY OF NOVEMBER, A.D. 2021.

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



6366487 8300

SR# 20213748184

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock, Secretary of State, over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 204643123

Date: 11-09-21