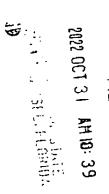
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•		
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700392499027



T. LEMIEUX NOV 0 1 2022 CORPORATION SERVICE COMPANY 1201 Havs Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 086434 7775081
AUTHORIZATION: Spelle de man
COST LIMIT : \$ 125.00
ORDER DATE : October 28, 2022
ORDER TIME : 9:51 AM
ORDER NO. : 086434-050
CUSTOMER NO: 7775081
FOREIGN FILINGS
NAME: 2851 TAMPA ROAD FL OWNER LLC
XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

•

COVER LETTER

	2851 Tampa Road FL Owner LLC					
BJECT;	Nar	me of Limited Liability Company				
		Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flor				
ase return	n all correspondence concerning this matter	to the following:				
	Name of Person					
	Firm/Company					
	Address					
		City/State and Zip Code				
r further ii	E-mail address: (to be not concerning this matter, please conformation concerning this matter.	be used for future annual report notification)				
	Name of Contact Person	at () Area Code Daytime Telephone Number				
Reg Div P.C	gistration Section vision of Corporations D. Box 6327 Ilahassec. FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Plea	closed is a check for the following amount: ase make check payable to: FLORIDA DE \$125.00 Filing Fee	ee & 🔲 \$155.00 Filing Fee & 📋 \$160.00 Filing Fee, Certificate				

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:

ned for the purpose of transacting business in Flo gn limited liability company is organized)	inda The al	92-0864499 (FEI number	
gn limited liability company is organized)	3		- Warm Karklas
gn limited liability company is organized)		(FEI number	C Liamble \
			i, it applicable)
te tire transacted business in Florida if once to	wateration !		
e sections 605 0904 & 605,0905, F.S. to determine			
	4500 Dorr Street		
	(Mailing Address)		
	٦	Toledo, OH 43615	
			4
orida registered agent: (P.O. Box	NOT ac	cceptable)	1022 OCT 31 AM 10: 39
01 Hays Street			# 5: 3: FLORI
Tallahassee		32301 , Florida	1 000000000000000000000000000000000000
(City)		(Zip code)	
	orida registered agent: (P.O. Box oration Service Company 1 Hays Street (City) d agent and to accept service of p	orida registered agent: (P.O. Box NOT accoration Service Company 1 Hays Street (City) If agent and to accept service of process for	Toledo, OH 43615 Toledo, OH 43615 Dorida registered agent: (P.O. Box NOT acceptable) Poration Service Company 1 Hays Street That is a service agent age

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: Title or Capacity: Name and Address: Mary Ellen Pisanelli Name: ___ Matthew McQueen □Manager □ Manager Address: 4500 Dorr Street 4500 Dorr Street □Member ☐ Member Toledo, OH 43615 Toledo, OH 43615 Authorized ■ Authorized Person Person □Other____ □Other___ □Other___ □Other___ Name: _____ □Manager Name: _____ □Manager □Member Address: ☐ Member Address: ☐ Authorized ☐ Authorized Person Person □Other Other____ Other___ □Other_____ Name: _____ □Manager Name: □Manager □Member Address: □Member Address: _ □ Authorized ☐ Authorized Person Person □Other □Other_____ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 an authorized person Mary Ellen Pisanelli

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "2851 TAMPA ROAD FL OWNER 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 TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "2851 TAMPA ROAD FL OWNER LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2022.

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

Authentication: 204733741

Date: 10-28-22