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.

(((H24000161554 3)))



H240001615543ABC

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 : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

Email Address: JBRUNAL@THEBORDER.COM

PCFF FIVE DE STATE OWISION SEE FLORID

Foreign Limited Liability Company PROMETHEUS PROPERTY MANAGEMENT, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

To:

	TION 605,0902, FLORIDA STATUTES, THE F ISINESS INTI LE STATE OF FLORIDA:	(AJA)IFI	INTIS SCHWITTED	NO NO KASIFA		TENULTERS CENTURAL
Prometheus Property N						
(Name of Foreign	Limited Liability Company; must include "Limite	d Liabilit	y Company," "L.L.C.,	" or "LLC.")		
(If more unavailable, enter alternate a	nance adopted for the purpose of transacting business in b	forids The	alternate name must incl	ude "Limited Liabi	thy Company," "	LLL.C," or "LLC.")
Delaware 2.		3				
()unisdiction under the law of w	hich foreign limited liability company is organized)	J.		(PFI number,	(fapplicable)	
4			<u></u>	••••••••••••		
	(Date first transacted business in Plorida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	ine penalty	(liability)			
520 D Street, Suite C 5.		6	520 D Street, Su			
(Street Address of Principal Office)		0.	(Mailing Addres	1).	 	
Clearwater, FL 33756			Clearwater, FL 3	33756	<u> </u>	
					 	
7. Name and street address	s of Florida registered agent: (P.O. Box	t <u>NOT</u>	acceptable)			SECRET DIVISION C
Name:	CT Corporation					الم
Office Address:	1200 South Pine Island					OF STATE RECRATIONS PM 4: 16
	Plantation		, Florida	33324		60 ONS
	(Cny)		, , , , , , , , , , , , , , , , ,	(Zip code)	Ħ	
designated in this applica to comply with the provisi	tance: gistered agent and to accept service of tion, I hereby accept the appointment d ions of all statutes relative to the proper s of my position as registered agent.	is regist	ered agent and ap	ree to act in	this capacit	y. I further agree
and accept the obligation	s of my position as registered agent.		·			

Mark Holloway, Asst. Sec.

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]: Name and Address: Title or Capacity; Name and Address: Title or Capacity: Name: Chris Suh Name: ___ □Manager □ Manager Address: _____ □ Member Address: ___ □ Member Clearwater, FL 33756 □ Authorized **■** Authorized Person Person ☐Other__ Other____ Other Other____ Jon Shepherd □Manager Name: □Manager Address: ___ Suite C A'ddress: _ ☐ Member ☐ Member Clearwater, FL 33756 □ Authorized **Authorized** Person Person Other_ □Other_____ □Other__ Other_ Name: _____ Name: _ □Manager □Manager □ Member Address: _ Address: □Member □ 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. 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 Chris Sub

Typed or printed name of signee

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "PROMETHEUS PROPERTY MANAGEMENT, 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 SECOND DAY OF MAY, A.D. 2024.

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

3568621 8300

SR# 20241809822

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

Justicey W. Buddeck, Secretary of State

Authentication: 203384377

Date: 05-02-24