

MAY000007091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

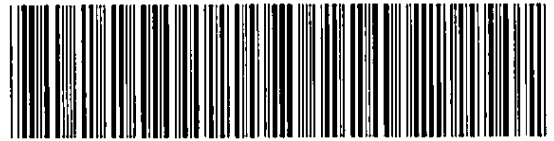
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JUN -5 2024  
T. LEMIEUX

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Shimota Ash Properties  
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:

Steven Shimota

Name of Person

Shimota Ash Properties

Firm/Company

1883 Boundary St

Address

Babbitt MN 55706

City/State and Zip Code

Steven.shimota@gmail.com

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

For further information concerning this matter, please call:

Steven Shimota

Name of Contact Person

at ( 651 ) 491.0256

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

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. Shimota Ash Properties 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. Minnesota 3. 87-3611903  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01 December 2021  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1883 Boundary St 6. \_\_\_\_\_  
(Street Address of Principal Office) (Mailing Address)  
Babbitt MN 55706  
USA

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

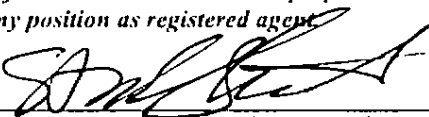
Name: Steven Shimota

Office Address: 2030 SE 29<sup>th</sup> Lane  
Cape Coral, Florida 33904  
(City) (Zip code)

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TALLAHASSEE, FL

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.

  
(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 type="checkbox"/> Manager	Name: <u>Judith Shimota</u>	<input type="checkbox"/> Manager	Name: <u>Joel Ash</u>
<input checked="" type="checkbox"/> Member	Address: <u>1883 Boundary St</u>	<input checked="" type="checkbox"/> Member	Address: <u>1560 Cavalletti Ct</u>
<input type="checkbox"/> Authorized	<u>Babbitt MN 55706</u>	<input type="checkbox"/> Authorized	<u>Victoria MN 55386</u>
Person	_____	Person	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input checked="" type="checkbox"/> Manager	Name: <u>Steven Shimota</u>	<input checked="" type="checkbox"/> Manager	Name: <u>KAREN Ash</u>
<input type="checkbox"/> Member	Address: <u>1883 Boundary St</u>	<input type="checkbox"/> Member	Address: <u>1560 Cavalletti Ct</u>
<input checked="" type="checkbox"/> Authorized	<u>Babbitt MN 55706</u>	<input checked="" type="checkbox"/> Authorized	<u>Victoria, MN 55386</u>
Person	_____	Person	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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 an authorized person

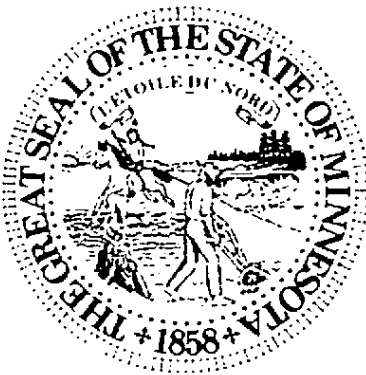
Steven Shimota  
\_\_\_\_\_  
Typed or printed name of signer

**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Shimota Ash Properties LLC
Date Filed:	01/01/2022
File Number:	1284804800025
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 05/02/2024



*Steve Simon*

Steve Simon  
Secretary of State  
State of Minnesota