

M24000009376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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K. Brumbley



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I200000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 07/22/2024

Name: Patrice Rush

Reference #: 2442304

Entity Name: LMR II - PALM POINTE LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

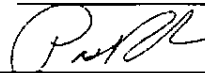
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$125.00

Signature: 

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LMR II - palm pointe 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:

Ashley Fickenscher  
Name of Person

Taft Law  
Firm/Company

425 Walnut Street, Suite 1800  
Address

Cincinnati, OH 45202  
City/State and Zip Code

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

For further information concerning this matter, please call:

Ashley Fickenscher at (513) 357-9458  
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

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. LMR II - Palm Pointe 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. Ohio  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 99-4070150  
(EIN number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration. (See sections 605.0901 & 605.0903, F.S. to determine penalty liability.)

5. 212 E. 3rd Street, Suite 200  
(Street Address of Principal Office)

6. 212 E. 3rd Street, Suite 200  
(Mailing Address)

Cincinnati, Ohio 45202

Cincinnati, Ohio 45202

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

Name: Cogency Global Inc.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee, Florida 32301  
(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.

Kym Peters Assistant Secretary  
(Registered agent's signature)

APPROVED  
AND  
FILED  
2024 JUL 22 AM 11:20  
CLERK OF DISTRICT COURT  
CLERK OF DISTRICT COURT


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>Todd Pleiman</u>	<input type="checkbox"/> Manager	Name: <u>David Birdsall</u>
<input type="checkbox"/> Member	Address: <u>212 E. 3rd Street, Suite 200</u>	<input type="checkbox"/> Member	Address: <u>212 E. 3rd Street, Suite 200</u>
<input checked="" type="checkbox"/> Authorized	<u>Cincinnati, Ohio 45202</u>	<input checked="" type="checkbox"/> Authorized	<u>Cincinnati, Ohio 45202</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u>Ryan Moore</u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u>212 E. 3rd Street, Suite 200</u>	<input type="checkbox"/> Member	Address: <u></u>
<input checked="" type="checkbox"/> Authorized	<u>Cincinnati, Ohio 45202</u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

**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  
  
Todd Pleiman, Authorized Agent  
\_\_\_\_\_  
Typed or printed name of signer

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

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show LMR II – PALM POINTE LLC, an Ohio Limited Liability Company, Registration Number 5259167, was organized in the State of Ohio on July 17, 2024, is currently in FULL FORCE AND EFFECT upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 22nd day of July, A.D. 2024.*

*Frank LaRose*

Ohio Secretary of State

Validation Number: 202420401876