

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G21000101613

Fictitious Name to be Registered: PARK ISLE PLAZA

Mailing Address of Business: 12101 MALIBU LANE
MARION, IL 62959

Florida County of Principal Place of Business: MULTIPLE

FEI Number: 35-2175357

FILED
Aug 04, 2021
Secretary of State

Owner(s) of Fictitious Name:

PARK ISLE PLAZA, INC.
12101 MALIBU LANE
MARION, IL 62959
Florida Document Number: F21000004412
FEI Number: 35-2175357

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

BOB KATUBIG

08/04/2021

Electronic Signature(s)

Date

Certificate of Status Requested ()

Certified Copy Requested ()