CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and country of the business entity's place			Certificate Number:		
_	isste, LLC nita Springs, FL United States			2023-972931 Date Filed:		
2	Name of governmental entity or state agency that is a party to t	cy that is a party to the contract for which the form is		01/17/2023		
_	being filed.					
	The City of Mansfield/The Mansfield Economic Development Corporation			Date Acknowledged:		
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a					
	description of the services, goods, or other property to be provided under the contract.					
	01232023 Program Management for Harvest Point					
4	Name of Interested Party	City, State, Country (place of bu	icinocc)	Nature of interest ness) (check applicable)		
	Name of interested Farty	,,, (p		Controlling	Intermediary	
				•	•	
5	Check only if there is NO Interested Party. $\begin{tabular}{c c} \hline X \\ \hline \end{tabular}$					
6	UNSWORN DECLARATION					
	My name is Lauren Sharkey	, and my date of birth is				
	My address is 27299 Riverview Center Blvd, STE	200 Bonita Springs	FL	34134	Lee	
	(street)	(city)	(state)	(zip code)	(country)	
			•	•		
I declare under penalty of perjury that the foregoing is true and correct.						
	Executed in Lee Cour	nty, State of Florida, on	the 17	_{dav of} Janua	ry _{. 20} 23 .	
		, , , , , , , , , , , , , , , , , , , ,		(month)	(year)	
		Lauren Sharkey				
	Signature of authorized agent of contracting business entity (Declarant)					