

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
M1700006724

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.

((H17000207045 3))



H170002070453ABC

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 : NRI SERVICES, LLC
Account Number : 120080000104
Phone : (302)674-4088
Fax Number : (302)674-5266

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

Email Address: mcompsto@goodrichllc.com

Foreign Limited Liability Company
PORTSMOUTH PB, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED
2017 AUG -7 AM 9:58
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

117000207045 3

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. Parrishmouth PB, LLC
(Name of Foreign Limited Liability Company, word "single" Limited Liability Company, "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (EFT number, if applicable)

4. _____
(File for Unincorporated business in Florida, if prior to registration. (See sections 605.0900 & 605.0905, F.S. to determine priority liability)

5. 525 Okeechobee Boulevard, Suite 1000 6. 525 Okeechobee Boulevard, Suite 1000
(Street address of principal office) (Mailing Address)
West Palm Beach, FL 33401 West Palm Beach, FL 33401

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: NRAI Services, Inc.
Office Address: 1200 South Pine Island Road
Plantation Florida 33324
(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.

[Signature]
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Joseph Marzilli 525 Okeechobee Blvd, Ste 100 West Palm Beach, FL 33401	Manager	Douglas R. Dubiel 525 Okeechobee Blvd, Ste 100 West Palm Beach, FL 33401
Manager	Jennifer R. Wynne 525 Okeechobee Blvd, Ste 100 West Palm Beach, FL 33401		

(Use attachments if necessary)

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.

Joseph Marzilli
Signature of an authorized person

Joseph Marzilli
Typed or printed name of signer

Delaware

H17000207045 3

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PORTSMOUTH PB, 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 SEVENTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PORTSMOUTH PB, LLC" WAS FORMED ON THE SEVENTH DAY OF AUGUST, A.D. 2017.

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



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

6504072 8300

SR# 20175593291

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

Authentication: 203011104

Date: 08-07-17

H17000207045 3