

Division of Corporations Electronic Filing Cover Sheet

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.

(((H180000274173)))



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: : VCORP SERVICES, LLC

Account Number : I20080000067 Phone

: (345)425-0077

Fax Number

: (345)818-3588

RECEIVED

JAN 23 7018

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

Foreign Limited Liability Company PCC Orlando, LLC

K SALY JAN 24 2018

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECT COMPANY TO TRANSACT BU	TION 608.0902, FLORIDA STATUTES, THE FO SINESS INTHE STATE OF FLORIDA:	LLOWING IS SUBMITTED TO REGIST	TER A FOREIGN LIMITED LIABILITY
PCC Orlando, LLC			
(Name of Poreign	Dmiled Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC."	
If name unavailable, enter alternate to	are adopted for the purpose of transacting business is Flori	ida. The alternate name must include "Limited Lie	thility Company, " "L.L.C." or "LLC.")
n Delaware		3	
(Jurisdiction under the law of wh	ich loreign limited liability company is organized)	(FEI man	her, L'applicable)
4. upon filing		a demular \	
	(Date first transacted business in Florids, if prior to n (See sections 605,0904 & 605,0905, F.S. to determine		o
3284 Northside Parkway, N.W., Suite 150 6. 3284 Northside		6. 3284 Northside Parkway, Mailles Adi	his)
Atlanta, GA 30327		Atlants, QA 30327	N.W., Suite 150 6 175
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	# II. 3
Name:	Vcorp Services, LLC		بَ دن
Office Address:	5011 South State Road 7, Suite 106		_
	Davie	, Florida 33314	
Registered agent's accep	(Cky)	(Др со	do)
and accept the obligation	ions of all statutas relative to the proper s of my position as registered agent. (Registered agent's)		
	acity and address of the person(s) who ha	s/have authority to manage is/are; Title or Capacity;	Name and Address:
Title or Capacity:	Name and Address: Preferred Campus Communities, LLC		THINKE WAS PERSONAL TRANSPORT
MGR	3284 Northside Parkway, N.W., Suite		
	Atlanta GA 30327	_	
	-		
		- -	
(Use attachments if neces	= :		
jurisdiction under the law of the translator must be s	of existence, no more than 90 days old, of which it is organized. (If the certificat submitted) cuted in accordance with section 605:028 to the Department of State constitutes a the	e is in a foreign innguage, a transu 2(1) (b), Florida Statutes, I am aw	are that any false information
	Jeffrey Sprain	of an authorized person	
		r printed sume of six ne	

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PCC ORLANDO "LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO WAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-THIRD DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PCC ORLANDO, LLC" WAS FORMED ON THE NINETEENTH DAY OF JANUARY, A.D. 2018.

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

DIVISION OF CORFORATIONS
18 JAN 23 ANII: 31

and any delaware soy/auth

6717664 8300

SR# 20180429756

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

Authentication: 202017940

Date: 01-23-18