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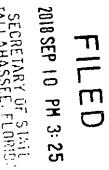
(Requestor's Name)	
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COVER LETTER

TO: Registration Section

Division of Corporat	tions			
P2CO BUSINES	S DEVELOPMENT LLC			
	Name of	Limited Liability	Company	
The enclosed "Application by Existence, and check are subm	Foreign Limited Liability Comitted to register the above refe	npany for Authoriza renced foreign limi	ation to Ti ited liabili	ransact Business in Florida," Certificate of ty company to transact business in Florida.
Please return all correspondence	ce concerning this matter to the	e following:		
Amanda J. E	Beren			
		Name of Person		
	F	Firm/Company		
31416 Agou	ra Rd. Ste. 118			
		Address		
Westlake Vi	llage, CA 91361			
	City/5	State and Zip Code		
aberen@corpr	net.com			
	E-mail address: (to be use	ed for future annual	report no	tification)
For further information concern	ning this matter, please call:			
Amanda J. Beren		805 at (449-26	538
Nam	e of Contact Person	Area Code	Day	ytime Telephone Number
MAILING ADDRES Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	ons		Division Registrat Clifton E 2661 Exc	of Corporations tion Section Building ecutive Center Circle see, FL 32301
Enclosed is a check for the followard \$125.00 Filing Fee	owing amount: \$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filir Certified Copy	ng Fee &	☐ \$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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If a	name unavailable, emer alternate	name adopted for the purpose of transacting business	e in Florida The ab		A32.0	·
	Delaware		S to Pictical. The Ed	ermite falcon mint exclude "Limited (it	#bility Company," "L. L. C," or "LL	C.7)
Z		thich foreign limited liability company is organized)	3.		sper, if apolicable)	•
				(१८) त्यात	wer, il appocable)	
4.						
		(Date first transacted business in Florida, if p (See sections 605,0904 & 605,0905, F.S. to	enor to registration determine penulty (ability)		
5.	1001 N. Federal Hwy	Suite 202		1001 N. Federal Hwy Suit	te 202	
	(Street Address of	Principal Office)	0	(Mailing Add		~
	Hallandale, FL 33009		_	Hallandale, FL 33009	LT (E)	2018
			-		A H	EP
			-	·	SY.	ੋਹ -
7.	Name and street address	ss of Florida registered agent: (P.O.	Boy NOT a		s~,	5
			DOX 1401 B	ceptable)	0. 0.	-n 1
	Name:	Registered Agents Inc.		<u></u>	71 Th	P ;
	Office Address:	3030 N. Rocky Point Dr. Ste. 150	A		SAL	ယ္ဟ
	Office Addition,				<u> </u>	25
		Tampa		, Florida <u>3360</u> 7	•	0.
D.	gistered agent's accep	(City)		(Zip cod	(k:)	
		of my position as registered agent		plete performance of my	•	
		_ Bill Have				
		BUHTAMU (Registered ex	pent's signature)		-	
8.	The name, title or caps	(Registered as	pent's signature)		<u> </u>	
8.	The name, title or capa Title or Capacity:	_ Bill Have	pent's signature) no has/have at		Name and Address:	
8.	The name, title or capa <u>Title or Capacity:</u> Member	(Registered as	pent's signature) no has/have at	thority to manage is/are:		
8.	THE OF CADACITY:	(Registered at city and address of the person(s) when Name and Address:	gent's signature) no has/have an Titl	thority to manage is/are:		
8.	THE OF CADACITY:	(Registered at the person (s) who was and Address: Eduardo C. Salinas 1001 N. Federal Hwy Suite:	gent's signature) no has/have an Titl	thority to manage is/are:		
8.	THE OF CADACITY:	(Registered at the person (s) who was and Address: Eduardo C. Salinas 1001 N. Federal Hwy Suite:	gent's signature) no has/have an Titl	thority to manage is/are:		
8.	THE OF CADACITY:	(Registered at the person (s) who was and Address: Eduardo C. Salinas 1001 N. Federal Hwy Suite:	gent's signature) no has/have an Titl	thority to manage is/are:		
	THE OF CADACITY:	(Registered at the person (s) who was and Address: Eduardo C. Salinas 1001 N. Federal Hwy Suite: Hallandale, FL 33009	gent's signature) no has/have an Titl	thority to manage is/are:		
(Us 9. A uris of th	Member Member	(Registered as city and address of the person(s) who Name and Address: Eduardo C. Salinas 1001 N. Federal Hwy Suite: Hallandale, FL 33009 ary) of existence, no more than 90 days of which it is organized. (If the certifibrated) atted in accordance with section 605.0 the Department of State constitutes as a section for the department of State constitutes as a section for the department of State constitutes as a section for the department of State constitutes as a section for the department of State constitutes as a section for the department of State constitutes as a section for the department of State constitutes as a section for the department of State constitutes are constituted.	pena's signature) no has/have au Titl 202 old, duly authoricate is in a formaticate of the penalty of the pen	enthority to manage is/are: e or Capacity: enticated by the official harding language, a translative ign language, a translative ign language, a translative ign language, a translative ign	Name and Address: ving custody of records it on of the certificate under	n the
(Us 9. A uris of th	Member Member	(Registered as city and address of the person(s) who Name and Address: Eduardo C. Salinas 1001 N. Federal Hwy Suite: Hallandale, FL 33009 ary) of existence, no more than 90 days of which it is organized. (If the certifibrated) atted in accordance with section 605.0 the Department of State constitutes as a section for the department of State constitutes as a section for the department of State constitutes as a section for the department of State constitutes as a section for the department of State constitutes as a section for the department of State constitutes as a section for the department of State constitutes as a section for the department of State constitutes are constituted.	pent's signature) no has/have au Titl 202 old, duly authoricate is in a for	enthority to manage is/are: e or Capacity: enticated by the official harding language, a translative ign language, a translative ign language, a translative ign language, a translative ign	Name and Address: ving custody of records it on of the certificate under	n the
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Typed or printed name of signor



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

DELAWARE, DO HEREBY CERTIFY "P2CO BUSINESS DEVELOPMENT 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 SIXTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "P2CO BUSINESS DEVELOPMENT LLC" WAS FORMED ON THE FIFTH DAY OF SEPTEMBER, A.D. 2018.

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



Authentication: 203369653

Date: 09-06-18