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SEP 14 2021

M. SOLOMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PDB Construction, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Shannon Caruso  
Name of Person

PDB Construction LLC  
Firm/Company

1000 W Irving Park Rd - Suite 100  
Address

Itasca, Illinois 60143  
City/State and Zip Code

Shannon.caruso@pdbconst.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon Caruso at ( 815 ) 245-4191  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PDB CONSTRUCTION, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

2. State of Illinois  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 86-2292745  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1000 W. Irving Park Rd  
(Street Address of Principal Office)

6. ← (same)  
(Mailing Address)

Suite 100

Itasca, IL 60143

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Rd

Plantation, Florida 33321  
(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.

Nichol McCroy Nichol McCroy, Assistant Secretary  
(Registered agent's signature)

~~(See attached listing)~~

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Brian G. Paul Rev. Trust</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Alec Zocher</u>
<input checked="" type="checkbox"/> Member	Address: <u>446 Dell Ln</u>	<input checked="" type="checkbox"/> Member	Address: <u>212 S. Fairview Ave</u>
<input type="checkbox"/> Authorized Person	<u>Highland Park, IL 60035</u>	<input type="checkbox"/> Authorized Person	<u>Park Ridge, IL 60068</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

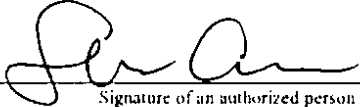
<input checked="" type="checkbox"/> Manager	Name: <u>Alan Zocher</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Mark Malone</u>
<input checked="" type="checkbox"/> Member	Address: <u>7N990 Northern Dancer</u>	<input checked="" type="checkbox"/> Member	Address: <u>2257 W Winnamac</u>
<input type="checkbox"/> Authorized Person	<u>St. Charles, IL 60175</u>	<input type="checkbox"/> Authorized Person	<u>Chicago, IL 60625</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: <u>Michael Pacini</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Steve Gabbert</u>
<input checked="" type="checkbox"/> Member	Address: <u>314 N Montclair Ave</u>	<input checked="" type="checkbox"/> Member	Address: <u>138 Crossover</u>
<input type="checkbox"/> Authorized Person	<u>Glen Ellyn, IL 60137</u>	<input type="checkbox"/> Authorized Person	<u>Irvine, CA 92618</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

  
\_\_\_\_\_  
Signature of an authorized person  
Shannon Caruso  
\_\_\_\_\_  
Typed or printed name of signee

**SCHEDULE A**

**OPERATING AGREEMENT  
FOR PDB CONSTRUCTION, LLC**

<u>Member Name and Address</u>	<u>Number and Class of Units</u>	<u>Initial Invested Capital</u>
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**CLASS A MEMBERS:**

Brian G. Paul Revocable Trust 446 Dell Lane Highland Park, IL 60035	283.33 Class A Units	\$85,000
Alec Zocher 212 S. Fairview Avenue Park Ridge, IL 60068	283.33 Class A Units	\$85,000
Alan Zocher 7N990 Northern Dancer St. Charles, IL 60175	283.34 Class A Units	\$85,000
Michael Pacini 314 N. Montclair Avenue Glen Ellyn, IL 60137	50 Class A Units	\$15,000
Mark Melone 2257 W. Winnemac Chicago, IL 60625	50 Class A Units	\$15,000
Steven Gabbert 138 Crossover Irvine, CA 82618	50 Class A Units	\$15,000
Total	1,000 Class A Units	\$300,000

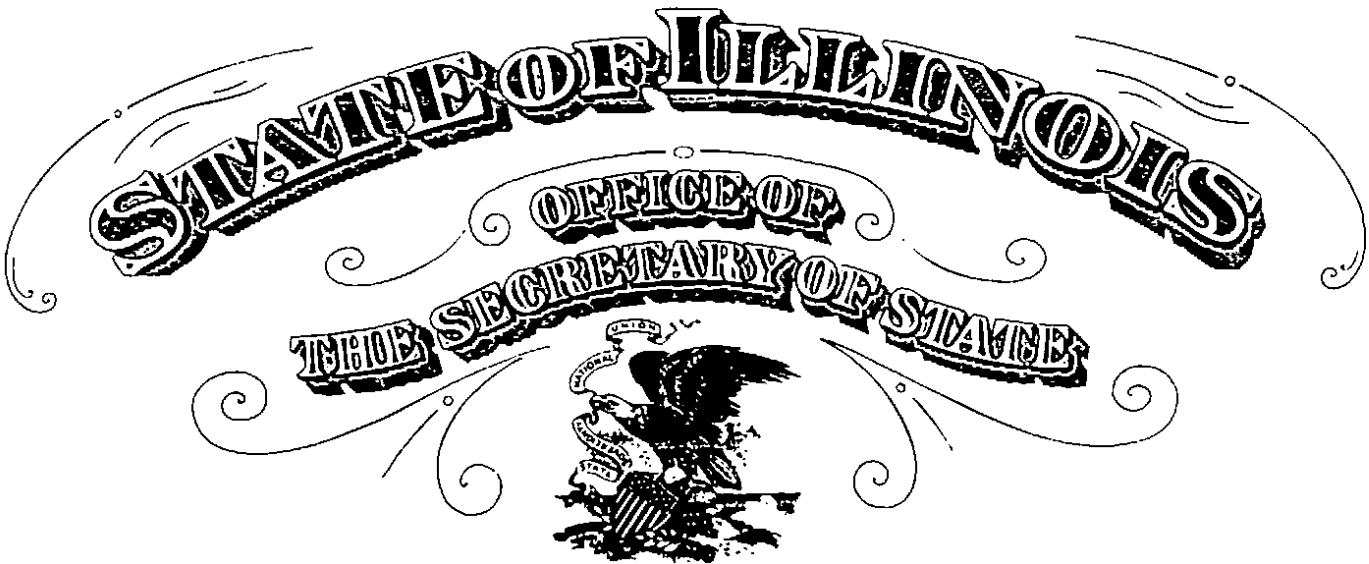
**CLASS B MEMBERS:**

None

PER CLASS B AGREEMENTS -  
NONE

**CLASS C MEMBERS:**

PDBG Management, LLC 1000 W. Irving Park Road Suite 100 Itasca, IL 60143	1 Class C Unit	\$ 0
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**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

PDB CONSTRUCTION, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 28, 2020, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 15TH day of JULY A.D. 2021 .***



*Jesse White*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 2, 2021

SHANNON CARUSO  
PDB CONSTRUCTION, LLC  
1000 W IRVING PARK RD., SUITE 100  
ITASCA, IL 60143

SUBJECT: PDB CONSTRUCTION, LLC  
Ref. Number: W21000120242

We have received your document for PDB CONSTRUCTION, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The Registered Agent listed, name must match our records on <http://www.sunbiz.org> Also, Section 8 must be completed and any left managers/directors must be on the attached page, just fyi.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon  
Senior Section Administrator

Letter Number: 821A00021329

**RECEIVED**  
SEP 13 2021