

F23000001121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

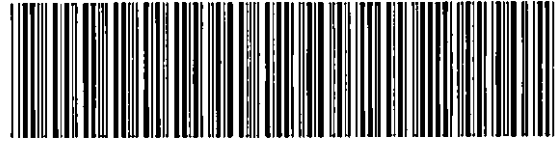
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23-18078

Office Use Only



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RECEIVED

2023 FEB -9 PM 3:35

ALLAHASSEE, FLOR.

FILED

2023 FEB -9 PM 1:28

FEB 23 2023
K. Brumby



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2023

CSC

SUBJECT: PBC COMMUTER LLC
Ref. Number: W23000018078

RESUBMIT
Please give original
submission date as file date.

We have received your document for PBC COMMUTER LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form submitted is a old version, please use the updated and current forms that be found on our website.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 623A00003230

RECEIVED
2023 FEB 23 PM 3:38
DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 475588 7740632

AUTHORIZATION :

COST LIMIT : \$ 130.00

ORDER DATE : February 9, 2023

ORDER TIME : 12:50 PM

ORDER NO. : 475588-005

CUSTOMER NO: 7740632

FOREIGN FILINGS

NAME: PBC COMMUTER LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PBC Commuter 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:

Jessica Perez

Name of Person

Firm/Company

700 NW 1st Avenue, Suite 1620

Address

Miami, FL 33136

City/State and Zip Code

jessica.perez@feci.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Perez

305

520-2366

Name of Contact Person

at (_____) _____
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. PBC Commuter 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (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. 350 NW 1st Avenue, Suite 200
(Street Address of Principal Office)

6. 350 NW 1st Avenue, Suite 200
(Mailing Address)

Miami, FL 33128

Miami, FL 33128

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

Name: Cynthia Bergmann

Office Address: 350 NW 1st Avenue, Suite 200

Miami, Florida 33128
(City) (Zip code)

2023 FEB -9 PM 1:28
FILED
APPROVED

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.


(Registered agent's signature)

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]:

Title or Capacity: Name and Address:

☐ Manager Name: Patrick W. Goddard

☐ Member Address: 350 NW 1st Avenue, Suite 200

☐ Authorized Miami, FL 33128

Person _____

☒ Other President ☐ Other _____

☐ Manager Name: Christopher C. Yarris

☐ Member Address: 350 NW 1st Avenue, Suite 200

☐ Authorized Miami, FL 33128

Person _____

☒ Other Chief Accounting ☒ Other VP

☐ Manager Name: Kolleen Cobb

☐ Member Address: 700 NW 1st Avenue

☐ Authorized Suite 1620

Person Miami, FL 33136

☒ Other VP, AS ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Jeffrey C. Swiatek

☐ Member Address: 350 NW 1st Avenue, Suite 200

☐ Authorized Miami, FL 33128

Person _____

☒ Other CFO, VP ☐ Other _____

☐ Manager Name: Cynthia Bergmann

☐ Member Address: 350 NW 1st Avenue, Suite 200

☐ Authorized Miami, FL 33128

Person _____

☒ Other VP, S ☒ Other General Counsel

☐ Manager Name: Juan (Rusty) Godoy

☐ Member Address: 700 NW 1st Avenue

☐ Authorized Suite 1620


Person Miami, FL 33136

☒ Other VP ☐ 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

Cynthia Bergmann, Vice President and Secretary

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PBC COMMUTER 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 FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PBC COMMUTER LLC" WAS FORMED ON THE SIXTH DAY OF FEBRUARY, A.D. 2023.

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



A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

7280158 8300

SR# 20230418270

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

Authentication: 202664961

Date: 02-07-23