

- Division of Corporations

Page 1 of 2

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Florida Department of State
 Division of Corporations
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 Katherine Harris, Secretary of State

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To:

Division of Corporations
 Fax Number : (850) 205-0383

From:

Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.
 Account Number : 076077000521
 Phone : (954) 527-2428
 Fax Number : (954) 764-4996

FOREIGN LIMITED LIABILITY COMPANY

PPBL, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

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DIVISION OF CORPORATION

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. PEBL, LLC (Name of foreign limited liability company)
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. 39-0509570 (FBI number, if applicable)
4. February 26, 2002 (Date of Organization)
5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. Waiting for authorization (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. Northwestern Mutual Life
One Tampa City Center, Suite 2865
Tampa, FL 33602 (Street address of principal office)

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8. If limited liability company is a manager-managed company, check here ☐.
9. The name and usual business addresses of the managing members or managers are as follows:

The Northwestern Mutual Life Insurance Company
One Tampa City Center, Suite 2865
Tampa, FL 33602

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: own and operate
real estate.

See attached


Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

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THE NORTHWESTERN MUTUAL
LIFE INSURANCE COMPANY

By: William L. McCown 
William L. McCown
Vice President and Investment Counsel

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

PPH, LLC

2. The name and the Florida street address of the registered agent and office are:

David Roby

(Name)

One Tampa City Center, Suite 2855
Tampa, FL 33602

Florida street address (P.O. Box NOT Acceptable)

FL

(City/State/Zip)

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

David A. Roby

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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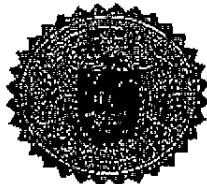
Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PPBL, 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 TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2002.

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TALLAHASSEE, FLORIDA
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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1636270

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