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DEPARTMENT OF STATE

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ACCOUNT NO. : 12000000195
REFERENCE : 707736 7945822
AUTHORIZATION: Spelbelena 5 5 7
COST LIMIT : \$ 125.00
ORDER DATE: June 28, 2013 ORDER TIME: 3:25 PM
ORDER TIME: 3:25 PM
ORDER NO. : 707736-001
CUSTOMER NO: 7945822
FOREIGN FILINGS
NAME: PF PEMBROKE PINES, LLC
XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Susie Knight EXT# 52956
EXAMINER -



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

IN COMPILANCE WITH SECTION 608.503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREXEN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS: IN THE STATE OF FLORIDA.

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE 1 PEMBROKE PINES. LLC	STATE OF FLORIDA:	·			
(Name of Foreign Limited Liability Company: must include	e Limited Liability Company, "L.L.C." or	~[.1.(Z.~)			
Of name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and anach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "LLC," "LLC,"					
, Delaware	46-3072269	*** *			
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)				
4. 06/28/2013	Perpetual				
(Date of Organization)	(Duration: Year limited liability company exist or "perpenual")	W-7 E			
6.					
(Date first transacted business in Flori (See sections 608,501 & 608,502 F.S.)	ida, if prior to registration.) o determine penelty liability)	9			
7. 718 Old Shore Road		23m			
Forked River, NJ, 08731					
(Street Address of	Principal Office)				
8. If limited liability company is a manager-managed of	ompany, check here				
9. The name and usual business addresses of the manag	ging members or managers are as foll-	ows:			
David Bidwell - 26 Ernest Drive, Lanoka Har	bor, NJ 08734				
Scott Linsky - 12682 NW 68th Drive, Park	land, FL 33076				
10. Anached is an original cartificate of existence, no more than 90 dathe jurisdiction, under the law of which it is organized. (A photocopy translation of the certificate under outh of the translation must be submit 11. Nature of business or purposes to be conducted or p	is not acceptable. If the certificate is in a forci iteral i				
John State of the second					
	orized representative of a member.				
(in accordance with section 608.408(3), F.S., the execution of perjury that the facts stated herein are true document to the Department of State constitutes a	I am aware that any false information submit	Red in a			
Daviri Birtwell					

Typed or printed name of signee

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.

	e of the Limited Liability Company is: KE PINES, ELC			
If unavailabl	e, the alternate to be used in the state of Florida is:	Ê	13 J	
2. The name	and the Florida street address of the registered agent and office are:	201 001 011 1111)8 Å	
	Corporation Service Company	(1) (1)	Ş.	,,,,,,,
	(Name)	E Constitution of the Cons	:03	445
	1201 Hays Street	,*		
	Florida Street Address (P.O. Box NOT ACCOPTABLE)			
	Tallahassee 32301			
	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 certificaté. Thereby 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, Florida Statutes

Sue G. Knight

Script Assistant Vice President

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

Delaware

PAGE J

The First State

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

DELAWARE, DO HEREBY CERTIFY "PF PEMBROKE PINES, 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 EIGHTH DAY OF JULY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PF PEMBROKE PINES, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JUNE, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

13 JUL -8 AH ID: 09

5359341 8300

130853661

Jeffrey W Bullock, Secretary of State

AUTHENTICATION: 0567312

DATE: 07-08-13

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