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T. BROWN

COVER LETTER

Registration Section

TO:

Division of Corporations
SUBJECT: PF Beach 2 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:
Rebecca Buell
Name of Person
PF Beach 2 LLC
Firm/Company
Po Box 4007
Address
Ports mouth, NH 03802 City/State and Zin Code
Chy. Care and Dip Code
Pfjax rebecca e amail. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rebecca Buell at (603) 834-1878
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations Registration Section Registration Section
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 11, 2014

REBECCA BUELL PF BEACH 2, LLC PO BOX 4007 PORTSMOUTH, NH 03802

SUBJECT: PF BEACH 2, LLC Ref. Number: W14000073962

We have received your document for PF BEACH 2, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Teresa Brown Regulatory Specialist II

Letter Number: 114A00026226

certificate and firm naming titles. Thank you!

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 REGIST. FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	ER A
1. PF Beach 2 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 "Limits Liability Company," "L.L.C," or "LLC.")	ed
2. New Hampshire 3. 47-1665383 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5 159 Middle Street	
	zeleci
Portsmouth NH 03801 (Street Address of Principal Office)	8 G
6. Po Box 4007	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓
Portsmowth NH 03802	O
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	-
Mike Murray 159 Middle Street Portsmouth M 0380/owner-in	nanager -manager
Peter Tregeau 159 midale smelt forismourn in 03801	manago
Bryan Pappas 159 middle Street Portsmouth MH 03801 owner-	manager
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the office 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 translation be submitted)	
u	
Signature of an authorized person In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein an 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.)	are true. I
Mike Murray Typed or printed pame of signee	
Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:	
PF Beach 2 LLC	
If unavailable, the alternate to be used in the state of Florida is:	41
2. The name and the Florida street address of the registered agent and office are:	
Mike Murray	.?
The state of the s	5
8595 Beach Blud	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Jacksonville, FL 32216 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 605, Florida Statutes.	~

(Signature)

\$ 30.00

\$ 100.00 Flling Fee for Application \$ 25.00 Designation of Registered Agent Certified Copy (optional)

5.00 Certificate of Status (optional)

State of New Hampshire Bepartment of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that PF Beach 2 LLC is a New Hampshire limited liability company filed on August 21, 2014. I further certify that it is in good standing as far as this office is concerned, having paid the fees required by law; and that a certificate of cancellation has not been filed.

In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 30th day of December, A.D. 2014

William M. Gardner Secretary of State