Office Use Only



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Y SULKER

COVER LETTER

SUBJECT:	, LLC			
	Name of	Limited Liability	Company	
				ansact Business in Florida," Certific y company to transact business in F
lease return all correspondence	concerning this matter to the	following:		
Sean King				
	N	ame of Person		
Align Global C	Consulting			
	F	irm/Company		
8480 Honeycu	tt Road, Suite 200			
		Address		
Raleigh, North	Carolina 27615			
	City/S	tate and Zip Code		
sking@alignglol	palconsulting.com			
	E-mail address: (to be use	d for future annua	report not	ification)
or further information concerning	g this matter, please call:			
Sean King		919 at (714-72	94
Name o	of Contact Person	Area Code	_) Day	time Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section		STREET ADDRESS: Division of Corporations Registration Section Clifton Building		
P.O. Box 6327 Tallahassee, FL 32314			2661 Exe	ecutive Center Circle see, FL 32301
inclosed is a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filio		☐ \$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:

	C		
	eign Limited Liability Company; must i	include "Limited Liability Company," "L.L.C.," or "l	LLC.")
G Equity I, LLC			
f name unavailable, enter al iability Company," "L.L.C,"	ternate name adopted for the purpose of "LLC.")	of transacting business in Florida. The alternate name	must include "Limited
Delaware		Not applicable.	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
The company has not t		to the submission of this application.	
	(See sections 605.0904 & 605.09	in Florida, if prior to registration.) 005, F.S. to determine penalty liability)	
900 Biscayne Boulevan	rd, #4106		
Miami, Florida 33132			
900 Biscayne Boulevan	(Street Address of Pridd, #4106	ncipal Office)	
Miami, Florida 33132			
	(Mailing Ad	dress)	
. Name and street addres	s of Florida registered agent: (P.O.	. Box NOT acceptable)	<u> </u>
Name:	Michael Porter		AUG AUG
Office Address:	900 Biscayne Boulevard, #4106		G-S
	Miami	Marida 33132	
	(City)	, Florida (Zip code)	
-9 va weems a arreh			
aving been named as regis application, I hereby of the provisions of all s	accept the appointment as register statutes relative to the proper and c	e of process for the above stated corporation a red agent and agree to act in this capacity. I fu complete performance of my duties, and I am j	rther agree to Comply
aving been named as reg iis application, I hereby o ith the provisions of all s	accept the appointment as register statutes relative to the proper and c tion as registered agent.	ed agent and agree to act in this capacity. I fu	rther agree to Comply
aving been named as register application, I hereby in the provisions of all see obligations of my positive obligations of my positive of the province of the p	accept the appointment as registers statutes relative to the proper and c tion as registered agent. (Registere	red agent and agree to act in this capacity. I furcomplete performance of my duties, and I am judicial agent's signature)	rther agree to Comply
laving been named as replication, I hereby in the provisions of all size obligations of my positions. The name, title or capa	accept the appointment as registers statutes relative to the proper and c tion as registered agent. (Registere	red agent and agree to act in this capacity. I furcomplete performance of my duties, and I am judded agent's signature) the has/have authority to manage is/are:	rther agree to Comply
laving been named as regains application, I hereby a ith the provisions of all size obligations of my position. The name, title or capa dichael Porter, Manager	accept the appointment as registers statutes relative to the proper and cition as registered agent. (Registere city and address of the person(s) where the city and address of the person (s) where the city and the city	red agent and agree to act in this capacity. I furcomplete performance of my duties, and I am judded agent's signature) the has/have authority to manage is/are:	rther agree to Comply
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Typed or printed name of signee

Delaware

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The First State

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

DELAWARE, DO HEREBY CERTIFY "PG EQUITY GROUP I, 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 THIRD DAY OF AUGUST, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PG EQUITY GROUP I, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JULY, A.D. 2015.

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

5794253 8300

151124410

AUTHENTICATION: 2610270

DATE: 08-03-15

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