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| (Re | equestor's Name) | |
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| (Ad | ldress) | |
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| (Cir | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ви | ısiness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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| | stration Section sion of Corporation | ns · · · | पर्दें 🚶 | • | | | |
|--------------------------|--|--|-----------------------------------|---|--|--------------|-------------------------|
| SUBJECT: | PC Parkway Square | | | | | | |
| SOBSECT. | | | Limited Liability | Company | | | |
| | | reign Limited Liability Comp d to register the above refere | | | | | |
| Please return a | all correspondence of | concerning this matter to the | following: | | | | |
| | Madison Ander | rson | | | | | |
| | | Na | ame of Person | | | | |
| | Clark Business | Law | | | | | |
| | | Fi | rm/Company | | | | |
| | 4956 North 300 | West, Suite 300 | | | | | |
| | | | Address | · · · · · · · · · · · · · · · · · · · | | | _ |
| | Provo, Utah 84 | 604 | | | | | |
| | | City/St | ate and Zip Code | ; | | | |
| | madison@clarkb | usinesslaw.com | | | | | |
| | | E-mail address: (to be used | for future annua | l report noti | fication) | | |
| For further inf | ormation concerning | g this matter, please call: | | | | | |
| Mad | ison Anderson | | 435 at (| 279-775 | 4 | SEOF ALLA |) 5 5 7 |
| | Name o | f Contact Person | Area Code | Dayt | ime Telepho | COM | |
| Divis Regis P.O. I | LING ADDRESS: ion of Corporations stration Section Box 6327 hassee, FL 32314 | | | Division of Registration Clifton But 2661 Execution | ADDRESS of Corporation on Section hilding cutive Cente ee, FL 32301 | | -7 P 2:05 |
| | theck for the follow 25.00 Filing Fee | ing amount: ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Fili Certified Copy | ng Fee & | □ \$160.00 of Status & | | e, Certificate 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:

| | | | | | | |
|--|---|---|--|--|--------------------------------|--|
| f name unavailable, enter a iability Company," "L.L.C, | | or the purpose of transacting | ng business in Florida. The altern | nate name i | must inc | lude "Limited |
| Delaware | | 3. | | | | |
| (Jurisdiction under the law company is organized) | of which foreign limited | d liability | (FEI number, if app | plicable) | | |
| · | (Date first trans | sacted business in Florida, | if prior to registration | | | |
| | (See sections 605. | .0904 & 605.0905, F.S. to | determine penalty liability) | | | • |
| 4956 North 300 West, | Suite 300 | | | | | |
| Provo, Utah 84604 | | | | | | |
| | (Street | Address of Principal Office | ce) | بشد | | |
| 4956 North 300 West, | Suite 300 | | | <u> 34</u> | 2 | |
| Provo, Utah 84604 | | | | HAR. | 2016 HAR | |
| | | (Mailing Address) | | ASS ASS | 30 | CHARLES OF THE PARTY OF THE PAR |
| Name and street address | ss of Florida registered | d agent: (P.O. Box NO | T acceptable) | 250 250 250 250 250 250 250 250 250 250 | Ż | |
| Name: | NRAI Services, Inc | - | <u>. </u> | T S | ס | |
| Office Address: | 1200 South Pine Isla | and Road | | TATE ORID | 2: 05 | |
| | | | | | 70 | |
| 0111 0 011 0 001 | Plantation | | | 7> | ٠. | |
| egistered agent's accep | tance: | (City) | , Florida(Zip co | · | | |
| egistered agent's accep laving been named as re esignated in this applica o complywith the provisi ccept the obligations of i | tance: gistered agent and to tion, I hereby accept i ons of all statutes rela my position as registe | accept service of proce the appointment as reg ative to the proper and over the agent. (Registered agent's s | Zip control (Zip c | ed liability ct in this c duties, a | v compa capacity nd I an | . I further ag |
| egistered agent's acceptoring been named as resignated in this applicate complywith the provisic cept the obligations of the complywith the provision of the control of the | tance: gistered agent and to tion, I hereby accept i ons of all statutes rela my position as registe | accept service of proce the appointment as reg ative to the proper and over the agent. (Registered agent's s | (Zip controlled (Zip controlle | ed liability ct in this c duties, a | v compa capacity nd I an | . I further ag |
| egistered agent's acceptoring been named as resignated in this applicate complywith the provisic cept the obligations of the control of the c | tance: gistered agent and to tion, I hereby accept tions of all statutes rela my position as registe Chicago acity and address of th | accept service of proce the appointment as reg ative to the proper and a red agent. (Registered agent's s ac person(s) who has/hav | (Zip controlled (Zip controlle | ed liability ct in this c duties, a | v compa capacity nd I an | . I further ag |

Typed or printed name of signee

Madison M Anderson

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PC PARKWAY SQUARE, 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-SECOND DAY OF FEBRUARY, A.D. 2016.

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

Authentication: 201869409

Date: 02-22-16

5962802 8300 SR# 20161025538