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SECRETARY OF STATE

### **COVER LETTER**

P& SU <b>BJEC</b> T:	C Orthogonal, Ll						
SUBJECT:			Limited Liability C	Company			
The enclosed "A Existence, and c	pplication by For neck are submitte	eign Limited Liability Comp d to register the above refere	oany for Authoriza enced foreign limit	tion to Tra ed liability	nsact Business in Florida," company to transact busin	Certificat ess in Flo	te of rida
Please return all	correspondence o	concerning this matter to the	following:				
	Cheryl Harrelso	on					
		Na	ame of Person				
	P&C Orthogon	al, LLC					
		Fi	rm/Company				
	3404 Ridgewoo	od Path					
			Address				
	The Villages, F	L 32163					
		City/S	tate and Zip Code			7	
	charrelson07@gi	nail.com				FEB 1	H
		E-mail address: (to be used	d for future annual	report not	ification)	· 3	( ) ( )
For further infor	mation concernin	g this matter, please call:				3	-
Cheryl	Harrelson		352 at (	661-068	32	7: 18	, ,
	Name o	of Contact Person	Area Code	Day	time Telephone Number	,	
Divisio Registr P.O. Bo	ING ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding centive Center Circle ee, FL 32301		
	eck for the follow 5.00 Filing Fee	ring amount:	□ \$155.00 Filir	a Eas &	■ \$160.00 Filing Fee, C	'ertificate	

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

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: P&C Orthogonal, 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 "Limited Liability Company," "L.L.C," or "LLC.") Wyoming (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) 3404 Ridgewood Path, The Villages, FL 32163 (Street Address of Principal Office) 3404 Ridgewood Path, The Villages, FL 32163 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Cheryl Harrelson Name: 3404 Ridgewood Path Office Address: , Florida 32163 The Villages (City) Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Cheryl Harrelson, Manager P&C Orthogonal, LLC 3404 Ridgewood Path, The Villages, FL 32163 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person

Typed or printed name of signee

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am 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.

Cheryl Harrelson

## STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

### P & C Orthogonal, LLC

is a

### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on February 17, 2006, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2006-000508093.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 9th day of February, 2017 at 7:41 PM. This certificate is assigned 022179428.

ecretary of state

SECRETARY OF STATE ALLAHASSEE, FLORIDA

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.