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Account Name : CAPITOL SERVICES, INC.

: (850) 617-6383

Account Number : 120160000017 Phone : (800)345-4647 Fax Number : (800)432-3622

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## Foreign Limited Liability Company PGPC ISLAND CENTER, LLC

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## COVER LETTER

RCT: PGPC ISLAND CENT	Name of Limited Liability Company	
	• • •	
	mited Liability Company for Authorization to Transact Business in Florida," ister the above referenced foreign limited liability company to transact busin	
return all correspondence concerni	ng this matter to the following:	
	Name of Person	
Capitol Services -	Corporate Fillings Team	
	Firm/Company	
515 East Dark Ave	anua 2nd El	
515 East Park Ave	Address	
Tallahassee FL	32301	
	City/State and Zip Code	
aewhitworth@para	mco.com	
	laddress: (to be used for future annual report notification)	
rther information concerning this m	atter, please oall:	
	at ( 855 ) 498-5500	
Name of Contac	ct Person Area Code Daytime Telephone Number	
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations Registration Section	Division of Corporations Registration Section	
P.O. Box 6327	Clifton Building	
Talinhassee, FL 32314	2661 Executive Center Circle	
	Tallahassoo, FL 32301	

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED ITABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	PGPC ISLAND C (Name of Poreign	ENTER, LLC Limited Liability Company; must include "Limited L	lability (	Company, ""L.L.C.," or "LLC.")	<u> </u>		_
	Delaware	name adopted for the purpose of transacting business in Florida blot: foreign limited liability company is organized)	3		elity Company," "I or, II applicable)	.LC," or "L	<u></u> _
4.		Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 603.0905, F.S. to determine	stration.)		********		
5.	701 Brickell Ave,	Suite 2020		01 Brickell Ave, Sui			_
	Mlami, FL 33131		Mlami, FL 33131				
7.		s of Florida registered agent: (P,O, Box 1) Capitol Corporate Services, Inc		optable)	\$- \$- \$-	17 SE	·
	Name: Office Address:	515 East Park Avenue 2nd Fl		<del></del>	ISSV.	P 20	,
		Tallahassee (Civ)		, Florida 32301		AH 8:	::
to e	comply with the provisi d accept the obligations	tion, I hereby accept the appointment as relative to the proper and so of my position as registered agent.  Registered respiration as the proper and address of the person(s) who has/linearly and address;  Andrew R Welss	alue)	plete performance of my differes a Sharpley, Ass behalf of Capitol Con	luttes, and I d t. Sec.	m famil	lar with
		701 Brickell Ave, Ste 2020 Mlami, FL 33131					
						•	
(U	se attachments if necess	sary)			<del></del>		
uri oft 10.	Isdiction under the law of the translator must be su.  This document is execu	ated in accordance with section 605.020 (1 the Department of State constitutes a third	(b) F	rolgn languago, a translation in the statutes. I am aware fliony as provided for in s	on of the cert	ficate un	der oath
		Andrew					
		Typed or pris	ted numb	falgues	<del></del>		

1,,

Taylor Seay 800-432-3622



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PGPC ISLAND CENTER, 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 TWENTIETH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PGPC ISLAND CENTER, LLC" WAS FORMED ON THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2017.

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

6544196 8300
SR# 20176248144
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203257597

Date: 09-20-17