· · · · · · · · · · · · · · · · · · ·	
M180	5800 7810
(Requestor's Name)	
(Address) (Address)	000316654900
(City/State/Zip/Phone #)	08/10/1801023019 **160.00
(Document Number) Certified Copies Certificates of Status	23 AU: 2
Special Instructions to Filing Officer:	
Office Use Only	T. CLINE AUG 24 2018 EXAMINEP

.



### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 15, 2018

JOSEPH PERKOVICH 900 5th Ave S NAPLES, FL 34102

SUBJECT: PBCJL LLC Ref. Number: W18000073906

We have received your document for PBCJL LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

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.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline Regulatory Specialist III

Letter Number: 818A00016842

200 AUC 23 PE 4: 15

## **DAVID J. SIMMONS & ASSOCIATES, LLC**

DAVID J. SIMMONS, J.D., M. TAX, L.L.M. (ESTATE PLANNING) PHONE: 330,499,8899 BOARD CERTIFIED WILLS, TRUSTS & ESTATE ATTORNEY (FLORIDA BAR) FAX: 330.499.1714 BOARD CERTIFIED SPECIALIST IN ESTATE PLANNING, TRUST AND PROBATE LAW (OHIO BAR) FELLOW AMERICAN COLLEGE OF TRUST AND ESTATE COUNSEL MEMBER OF OIDO, FLORIDA & NEW YORK BARS E-MAIL: dsimmons@djsestatelaw.com

August 22, 2018

Tammy Cline		н 2 
Florida Depar	tment of State	
Division of Co	rporations	۰.
<b>Clifton Buildir</b>	ng	
2661 Executiv	ve Center Circle	· - ,
Tallahassee, F	FL 32301	1
RE:	PBCJL LLC Letter #818A00016842	5

Dear Tammy,

Enclosed is the Letter of Good Standing from the Delaware Secretary of State along with a copy of your letter requesting the letter. I have also included a copy of the check received and cashed by your office. Your letter had stated a check for \$125.00 was received, but we had sent a check for \$160.00 in order to receive a Certificate of Status and Certified Copy. Enclosed is a prepaid envelope to send a time stamped copy of the filing.

Thank you for your assistance. If you require any additional information, please contact me at the telephone number listed above or at mross@djsestatelaw.com.

J. Nim

Enclosures

# DAVID J. SIMMONS & ASSOCIATES, LLC

DAVID J. SIMMONS, J.D., M. TAX, L.L.M. (ESTATE PLANNING) BOARD CERTIFIED WILLS, TRUSTS & ESTATE ATTORNEY (FLORIDA BAR) BOARD CERTIFIED SPECIALIST IN ESTATE PLANNING, TRUST AND PROBATE LAW (OHIO BAR) FELLOW AMERICAN COLLEGE OF TRUST AND ESTATE COUNSEL MEMBER OF OHIO, FLORIDA & NEW YORK BARS E-MAIL: dsimmons@djsestatelaw.com

August 9, 2018

Florida Department of State	
Division of Corporations	
Registration Section	$\sim$
Clifton Building	( <b>.</b>
2661 Executive Center Circle West	- <u>-</u>
Tallahassee, FL 32314	
	••
RE: Application by Foreign LLC for Authorization to Transact Business in FL PBCJL LLC	CF.

Dear Sir or Madam:

The Application for the Foreign Limited Liablility Company for Authorization to Transact Business in Florida for PBCJL was sent inadvertently without the filing fee. Enclosed is a check for \$160.00 as well as a copy of the filing.

Please contact me at (330) 499-8899 if there are any questions.

Sincerely,

Michael A. Ross

#### TO: Registration Section Division of Corporations

SUBJECT:

PBCJL 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:

Joseph Perkovich, Manager Name of Person 2129 AUS D J Simmons 20 Firm/Company PH L: 900 5th Ave S. Suite 202 Address \_\_\_\_ رت Naples, Fl 34102 City/State and Zip Code jperkpacific@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joseph Perkovich, Manager 415 855 - 5666 at (\_ 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: S125.00 Filing Fee S130.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S160.00 Filing Fee, Certificate of Status Certified Copy 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:

1 PBCJL	LLC
---------	-----

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L C.," or "LLC.")

·		3 82 - 4855077			
(Jurisdiction under the law of	which foreign limited hability company is organized)	· · · · · · · · · · · · · · · · · · ·	number, if applicable)		
September 1, 2018					
·	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605.0905, F.S. to determ	registration.)			
900 5th Ave S. Suite		6. 900 5th Ave S. Suite 2	000		
(Street Address of	Principal Office)	6. 500 Surrive B. Surre 2 (Mailing	Address)	····	
Naples, FI 34102		Naples, Fl 34102			
		· · · · · · · · · · · · · · · · · · ·			
				A	
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT accentable)		5	
	David J Simmons	<u></u>		i Cu	
Name:	David J Simmons			-17	
Office Address:	900 5th Ave S. Suite 202		- `	्रम्:	
	Naples			÷	•
	INADICS				
		, Florida <u>_34102</u>	•	5	
egistered agent's accept aving been named as re	(Cny) Diance: egistered agent and to accept service of r	Florida 34102 (Zip	ad lighility compa	 ح	Juc
aving been named as re signated in this applica comply with the provis d accept the obligation The name, title or capa	(Cny) Stance: egistered agent and to accept service of p ttion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Registered agent's s	process for the above stated limits registered agent and agree to a and complete performance of m ignature)	ted liability compar act in this capacity. ny duties, and I am	I furth ar	
aving been named as re signated in this applica comply with the provis d accept the obligation	(Cny) egistered agent and to accept service of p ation, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.	process for the above stated limits registered agent and agree to a and complete performance of m ignature)	ted liability compar act in this capacity. ny duties, and I am	I further familiar y	
aving been named as re signated in this applica comply with the provis d accept the obligation The name, title or capa	(Cny) Stance: Egistered agent and to accept service of p ation, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Registered agent s s acity and address of the person(s) who has <u>Name and Address:</u> Joseph Perkovich	process for the above stated limits s registered agent and agree to a and complete performance of m ignature) s/have authority to manage is/are	ted liability compar act in this capacity. ny duties, and 1 am	I further familiar y	
aving been named as re signated in this applica comply with the provis d accept the obligation The name, title or capa <u>Title or Capacity:</u>	(Cny) Stance: egistered agent and to accept service of p ation, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Registered agent agent's s acity and address of the person(s) who has <u>Name and Address:</u> Joseph Perkovich <u>900</u> 5th Aye S. Suite 202	process for the above stated limits s registered agent and agree to a and complete performance of m ignature) s/have authority to manage is/are	ted liability compar act in this capacity. ny duties, and 1 am	I further familiar y	
aving been named as re signated in this applica comply with the provis d accept the obligation The name, title or capa <u>Title or Capacity:</u>	(Cny) Stance: Egistered agent and to accept service of p ation, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Registered agent s s acity and address of the person(s) who has <u>Name and Address:</u> Joseph Perkovich	process for the above stated limits s registered agent and agree to a and complete performance of m ignature) s/have authority to manage is/are	ted liability compar act in this capacity. ny duties, and 1 am	I further familiar y	
aving been named as re signated in this applica comply with the provis d accept the obligation The name, title or capa <u>Title or Capacity:</u>	(Cny) Stance: egistered agent and to accept service of p ation, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. (Registered agent agent's s acity and address of the person(s) who has <u>Name and Address:</u> Joseph Perkovich <u>900</u> 5th Aye S. Suite 202	process for the above stated limits s registered agent and agree to a and complete performance of m ignature) s/have authority to manage is/are	ted liability compar act in this capacity. ny duties, and 1 am	I further familiar y	

(Use attachments if necessary)

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)

10. 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.

Signature of an authorized person Joseph Perkovich, Manager

Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PBCJL 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-FIRST DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PBCJL LLC" WAS FORMED ON THE ELEVENTH DAY OF DECEMBER, A.D. 2017.

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



Jeffrey W. Buttock, Secretary of State

Authentication: 203281775 Date: 08-21-18

6656986 8300

SR# 20186271502 You may verify this certificate online at corp.delaware.gov/authver.shtml