## MECCOBUTI

(Requestor's Name)	
(Address)	_
(Address)	—
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Dasiness Littly Harre)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 387154 4321040

AUTHORIZATION : Craula le man

COST LIMIT : \$ (1/26.00

ORDER DATE: September 14, 2018

ORDER TIME : 4:01 PM

ORDER NO. : 387154-025

CUSTOMER NO: 4321040

## FOREIGN FILINGS

NAME: PRD OWNER, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

## COVER LETTER

TO:	Registration Section Division of Corporation	s				
CLID II	PRD Owner, LLC					
SUBJI	ECT:	Name of I	Limited Liability (	Company		_
The cr Existe	nclosed "Application by Fornce, and check are submitted	eign Limited Liability Comp d to register the above refero	oany for Authoriza enced foreign limit	tion to Tra ed liability	nsact Business in Florida.  company to transact busi	" Certiticate of ness in Florida
Please	return all correspondence c	oncerning this matter to the	following:			
		N	ame of Person		,	_
		Fi	rm/Company			
						3
			Address			
	City/State and Zip Code					
	<del></del>	E-mail address: (to be used	d for future annual	report not	ification)	-
For fu	rther information concernin	g this matter, please call:				
	Name o	f Contact Person	at ( Area Code	_) Day	time Telephone Number	_
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	CADDRESS: of Corporations ion Section uilding reutive Center Circle see, FL 32301	
Enclo	sed is a check for the follow S125.00 Filing Fee	ing amount:  ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filit Certified Copy	ng Fee &	S160.00 Filing Fee, Cof Status & Certified Co	

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

IN COMPILANCE WITH SECTION 605 0902, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

PRD Owner, LLC			
(Name of Fore	ign Limited Liability Company; must includ	le "Limited Liability Company," "L.L.C.," or	"LLC.")
If name unavailable, enter al		isacting business in Florida. The alternate nam	ne must include "Limited
DE	3.	20-0558118	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
Upon filing			
	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F	orida, if prior to registration.) (S. to determine penalty liability)	
1200 Network Centre	Drive, Effingham, IL 62401		_
			_
1200 1	(Street Address of Principa	d Office)	
. 1200 Network Centre I	Orive, Effingham, IL 62401		- 
			1 :
	(Mailing Address	•)	- ;
7 Name and street address	ss of Florida registered agent: (P.O. Box	NOT accordable)	J
Name:	Corporation Service Company	e <u>NOT</u> acceptable)	<del></del>
.vanic.	1201 Mana Street		230
Office Address:	1201 Hays Street	<del></del>	<del>:-</del>
	Tallahassee	. Florida <u>32301</u>	_ 01
	(City)	(Zip code)	•
designated in this applicate complywith the provision accept the obligations of S. The name, title or cap.	tion, I hereby accept the appointment a	as/have authority to manage is/are:	is capacity. I further agree and I am familiar with a
2. Attached is a certificate urisdiction under the law of the translator must be s	of which it is organized. (If the certifica	duly authenticated by the official having the is in a foreign language, a translation of the uthorized person	custody of records in the fithe certificate under oath
This document is executed submitted in a document to	I in accordance with section 605,0203 (1 to the Department of State constitutes a th	(h), Florida Statutes, I am aware that an hird degree felony as provided for in 8.817	y false information .155, F.S.
	Jonathan Brumleve	- , ,	

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "PRD OWNER, 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 FOURTEENTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRD OWNER, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2018.

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

Authentication: 203424471

Date: 09-14-18

7034790 8300 SR# 20186663740