

M19000000957

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000032880 3)))



H190000328803ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL, INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

FILED  
19 JAN 28 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
Pebb Capital Management LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

(JY)  
1-29-19

12:3 rd 12:17 6107

# 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. PEBH Capital Management LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
PEBH Capital LLC  
(If rank 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.")
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-5620624  
(PEB number, if applicable)
4. 5/16/2014  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0903 & 605.0902, F.S. to determine penalty liability)
5. 7900 Glades Road Suite 540  
(Street Address of Principal Office)  
Box 8, Raton FL, 33434
6. 7900 Glades Road Suite 540  
(Mailing Address)  
Box 8, Raton FL, 33434

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporate Creations Network Inc.

Office Address: 11380 Prosperity Farms Road #221E  
Palm Beach Gardens, Florida 33410  
(City) (Zip code)

## 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 comply with 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.

Caitlin Lazarus, Special Secretary

(Registered agent's signature)

FILED  
19 JAN 28 AM 8:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Jeff Rosenberg</u>	<input type="checkbox"/> Manager	Name: <u>Todd Rosenberg</u>
<input checked="" type="checkbox"/> Member	Address: <u>7900 Glades Road Suite 540</u>	<input checked="" type="checkbox"/> Member	Address: <u>7900 Glades Road Suite 540</u>
<input type="checkbox"/> Authorized	<u>Boca Raton, FL 33434</u>	<input type="checkbox"/> Authorized	<u>Boca Raton, FL 33434</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: <u>Ian Horowitz</u>	 <input type="checkbox"/> Manager	 Name: <u>Carlos Jimenez</u>
<input checked="" type="checkbox"/> Member	Address: <u>7900 Glades Road Suite 540</u>	<input type="checkbox"/> Member	Address: <u>7900 Glades Road Suite 540</u>
<input type="checkbox"/> Authorized	<u>Boca Raton, FL 33434</u>	<input checked="" type="checkbox"/> Authorized	<u>Boca Raton, FL 33434</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: <u>Scott Grubbs</u>	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: <u>7900 Glades Road Suite 540</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Boca Raton, FL 33434</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

Caitlin Lazarus, Attorney-in-Fact  
\_\_\_\_\_  
Typed or printed name of signer

FILED  
 19 JAN 28 AM 8:21  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PEBB CAPITAL MANAGEMENT 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-EIGHTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PEBB CAPITAL MANAGEMENT LLC" WAS FORMED ON THE FIFTEENTH DAY OF MAY, A.D. 2014.

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



5534711 8300

SR# 20190535192

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202154940

Date: 01-28-19