Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017

Fax Number

Phone : (855) 498-5500 : (800) 432-3622

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

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Foreign Limited Liability Company PIER ROCK I LLC

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Electronic Filing Menu

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Corporate Filing Menu

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January 30, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: PIER ROCK I LLC

REF: W19000009516

PLEASE PROVIDE ORIGINAL SUBMISSION DATE OF 1/29/19

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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Lee Yarbrough Senior Section Administrator FAX Aud. #: H19000034002 Letter Number: 419A00002135

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Pier Rock I LLC	
	Name of Limited Liability Company	
The en Existen	nclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cer mee, and check are submitted to register the above referenced foreign limited Hability company to transact business	tificate of in Florida
Please	e return all correspondence concerning this matter to the following:	
	David Gustovich	
	Name of Person	
	Pier Rock	
	Pirm/Company	
	13506 Summomort Villago Barbayay	
	13506 Summerport Village Parkway Address	
	, 200 430	
	Windmere, Florida 34786	IMPORTANT !
	City/State and Zip Code	
	dgustovich@pierrock.com	he walte
	E-mail address: (to be used for future annual report notification)	ulized for future
For fu	urther information concerning this matter, please call:	
	li:	rom the STATE
	Name of Contact Person Area Code Daytime Telephone Number	o the entry
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclos	seed is a check for the following amount: \$\int\\$125.00\text{ Filing Pee} \begin{array}{c} \S130.00\text{ Filing Fee & Dertified Copy} \end{array}\$\$ \$160.00\text{ Filing Fee, Certified Copy} \text{of Status & Certified Copy} \end{array}\$	icate

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

IN COMPLIANCE WITH SECTION 605.0902 FLORIDA STATUTES, THE POLLOWING IS SCHMITTED TO RECENTER A FORESCE LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF PLORIDA 1. Pier Rock I 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.") 2. Delaware (FEI aumber, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Dete first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. c/o ACORE Capital, 11601 Wilshire Blvd #1680, Los Angeles, CA 90025 (Street Address of Principal Office) c/o ACORE Capital, 11601 Wilshire Blvd #1680, Los Angeles, CA 90025 (Meiling Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) David Gustovich Name: 13506 Summerport Village Parkway Office Address: Windmere 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. /S/ David Gustovich (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Christopher D. Tokarski Sole Member of Pier Rock Properties LLC (Managing Member) c/o ACORE Capital, 11601 Wilshire Blvd #1680, Los Angeles, CA 90025 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) <u>/s/ James Thompson</u> Signature of an authorized person

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.

Typed or printed name of signee

James Thomspon

Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PIER ROCK I 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-NINTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PIER ROCK I LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2019.

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

7252504 8300 SR# 20190556462

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

Authentication: 202160549

Date: 01-29-19