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 8/2/2019
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 312
 From: Carly Laughrey
 Division of Corporations
 Florida Department of State
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**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

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**Foreign Limited Liability Company
 PND Lakland, LLC**

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

2. Georgia 83-4074458
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration) (See section 605.0911 & 615.0905, F.S. to determine penalty liability)

5. 1220 East 16th Ave
(Secret Address of Principal Office)
Cordele, GA, 31015

6. PO Box 1097
(Mailing Address)
Cordele, GA, 31010

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

By: [Signature] Peter Trawinski
Assistant Secretary
(Registered agent's signature)

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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):

Title or Capacity: Name and Address:

Manager Name: Lee Perlis

Member Address: 1220 East 16th Ave

Authorized Cordele, GA, 31015

Person _____

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: Larry Perlis

Member Address: 1220 East 16th Ave

Authorized Cordele, GA, 31015

Person _____

Other _____ Other _____

Manager Name: Jurrett Nease

Member Address: 4256 HWY 17 N

Authorized Guyton, GA, 31012

Person _____

Other _____ Other _____

Manager Name: Skylar Long

Member Address: 1220 East 16th Ave

Authorized Cordele, GA, 31015

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

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 FLORIDA

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.

Lee Perlis
 Signature of an authorized person

Lee Perlis, member
 Typed or printed name of signer

Control Number : 19038131

STATE OF GEORGIA
Secretary of State
 Corporations Division
 313 West Tower
 2 Martin Luther King, Jr. Dr.
 Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

PND Lakeland LLC
 a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 17419338
 Date Inc/Auth/Filed: 03/20/2019
 Jurisdiction : Georgia
 Print Date : 06/26/2019
 Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State