

Maadawass

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

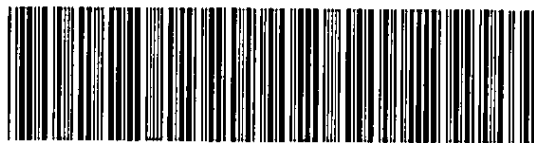
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2020 MAR 17 P 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEMUEX

MAR 19 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRCP-Orlando Parkway, 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:

Andrea Caro Ferrer
Name of Person

Prideroch Capital Partners, LLC
Firm/Company

525 Okeechobee Boulevard, Ste 1450
Address

West Palm Beach, Florida 33401
City/State and Zip Code

cferrer@prcp11c.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Caro Ferrer at (561) 720-68.35
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2020

ANDREA CARO FERRER
525 OKEECHOBEE BLVD STE 1650
W PALM BEACH, FL 33401

SUBJECT: PRCP - ORLANDO PARKWAY, LLC
Ref. Number: W20000026321

We have received your document for PRCP - ORLANDO PARKWAY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 820A00005417

RECEIVED
MAR 17 2020

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. PRCP- Orlando Parkway 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 3. 84-4886529
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 04/09/2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 525 Okeechobee Boulevard 6. 525 Okeechobee Boulevard
(Street Address of Principal Office) (Mailing Address)
Ste 1650 West Palm Beach Ste 1650 West Palm Beach
FL 33401 FL 33401

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

Name: Andrea Caro Ferrer
Office Address: 525 Okeechobee Blvd Ste 1650
West Palm Beach, Florida 33401
(City) (Zip code)

FILED
2020 MAR 17 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

[Signature]
(Registered agent's signature)

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>David Y. Khoury</u>		<input type="checkbox"/> Manager	Name:	<u>George W. Banks</u>	
<input type="checkbox"/> Member	Address:	<u>525 Okeechobee Blvd.</u>		<input type="checkbox"/> Member	Address:	<u>525 Okeechobee Blvd.</u>	
<input checked="" type="checkbox"/> Authorized		<u>Ste 1650. West Palm Beach</u>		<input checked="" type="checkbox"/> Authorized		<u>Ste 1650. West Palm Beach</u>	
Person		<u>FL 33401</u>		Person		<u>FL 33401</u>	
<input type="checkbox"/> Other			<input type="checkbox"/> Other	<input type="checkbox"/> Other			<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other			<input type="checkbox"/> Other	<input type="checkbox"/> Other			<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<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

David Y. Khoury.

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRCP-ORLANDO PARKWAY, 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 SIXTEENTH DAY OF MARCH, A.D. 2020.

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



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

7871336 8300

SR# 20202163420

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

Authentication: 202592995

Date: 03-16-20