

M20000004059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

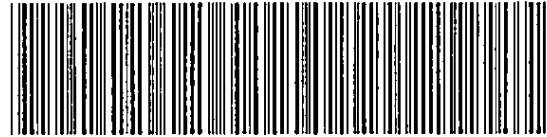
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

2020 APR 28 AM 8:25 2020 APR 28 AM 9:16

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4/29/20



## *Frances Casey Lowe, P.A.*

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April 27, 2020  
VIA HAND DELIVERY

Department of State  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, Florida 32303

RE: Application for Foreign LLC

Dear Sir or Madam:

Please find enclosed for filing the following:

1. Application for Foreign Limited Liability Company (PCB Project 2, LLC); and
2. Check Number 8718 in the amount of \$130.00.

Should you have any questions or concerns, please let me know.

Very Truly Yours,

Michelle Maloni, *Paralegal to*  
Frances C. Lowe

/mm  
Enclosure(s)

2020 APR 28 PM 9:16

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PCB Project 2, 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:

Frances C. Lowe

\_\_\_\_\_  
Name of Person

Frances Casey Lowe, P.A.

\_\_\_\_\_  
Firm/Company

68-A Feli Way

\_\_\_\_\_  
Address

Crawfordville, Florida 32327

\_\_\_\_\_  
City/State and Zip Code

francie@francelowe.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Maloni

850

926-8245

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

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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. PCB Project 2, 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. Arkansas  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

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

5. 19570 HWY 331 S  
(Street Address of Principal Office)

6. 19570 HWY 331 S  
(Mailing Address)

Freeport, FL 32439

Freeport, FL 32439

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

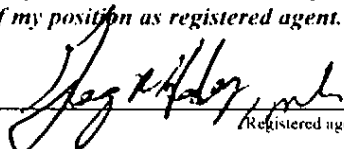
Name: Grey Hasley

Office Address: 19570 HWY 331 S

Freeport, \_\_\_\_\_, Florida 32439  
(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.

X   
(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: Greg Hasley

☒ Member              Address: 19570 HWY 331 S

☐ Authorized              Freeport, FL 32439

Person \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

☐ Manager              Name: Oak Equity Partners, LLC

☒ Member              Address: 720 Garrison Avenue

☒ Authorized              Fort Smith, AR 72901

Person Greg Hasley

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

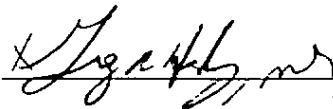
Person \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ 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

Greg R. Hasley

Typed or printed name of signee



**Arkansas Secretary of State  
John Thurston**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

**Certificate of Good Standing**

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

**PCB PROJECT 2, LLC**

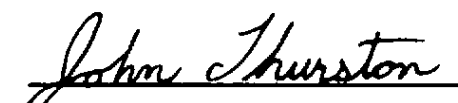
authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office February 26, 2019.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand  
and affixed my official Seal. Done at my office in the  
City of Little Rock, this 26th day of February 2020.

2020 FEB 28 PM 9:16

  
**John Thurston**  
Secretary of State  
Online Certificate Authorization Code: e4e246e3aa60e02  
To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)