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CLERK OF COURT

OCT 23 2020
T. LEMUEL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PERKINS FUND DEVELOPMENT & DISTRIBUTION 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:

Gilman C. Perkins

Name of Person

PERKINS FUND DEVELOPMENT & DISTRIBUTION LLC

Firm/Company

4500 PGA Boulevard Suite 204

Address

Palm Beach Gardens, FL 33418

City/State and Zip Code

chip@pfddllc.com

lchampagne@pfm-llc.com

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

For further information concerning this matter, please call:

Gilman C. Perkins

954

953-6350

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

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. PERKINS FUND DEVELOPMENT & DISTRIBUTION 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.")

Connecticut

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

3. 84-2813567
(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)

4500 PGA Boulevard Suite 204

5. (Street Address of Principal Office)

Palm Beach Gardens, FL 33418

4500 PGA Boulevard Suite 204

6. (Mailing Address)

Palm Beach Gardens, FL 33418

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

Name: Gilman C. Perkins

Office Address: 4500 PGA Boulevard Suite 204

Palm Beach Gardens, Florida 33418
(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.

(Registered agent's signature)

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2023 OCT 23 A 10 11
ST. JAMES COUNTY, FLORIDA
CLERK OF CIRCUIT COURT

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: Gilman C. Perkins

☐ Member Address: 4500 PGA Boulevard Suite 204

☐ Authorized Palm Beach Gardens FL 33418

Person _____

☒ Other managing member ☐ Other _____

☐ Manager Name: Maria Daldegan

☒ Member Address: 4500 PGA Boulevard Suite 204

☐ Authorized Palm Beach Gardens FL 33418

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Samuel G. Perkins

☒ Member Address: 4500 PGA Boulevard Suite 204

☐ Authorized Palm Beach Gardens FL 33418

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Linda Champagne

☒ Member Address: 4500 PGA Boulevard Suite 204

☐ Authorized Palm Beach Gardens FL 33418

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Lisa Holzwarth

☒ Member Address: 4500 PGA Boulevard Suite 204

☐ Authorized Palm Beach Gardens FL 33418

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: ~~Clark C. Perkins~~ Lucia

☒ Member Address: 4500 PGA Boulevard Suite 204

☐ Authorized Palm Beach Gardens FL 33418

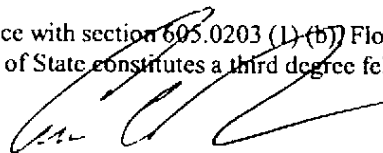
Person _____

☐ 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

Gilman C. Perkins

Typed or printed name of signer

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that articles of organization for

PERKINS FUND DEVELOPMENT & DISTRIBUTION LLC

a domestic limited liability company, were filed in this office on August 17, 2019.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such
limited liability company is in existence.



Secretary of the State

Date Issued: September 23, 2020