

Division of Corporations

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M26 000010993

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H200004118173))



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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : VCORP SERVICES, LLC
Account Number : 120080000067
Phone : (845) 425-0077
Fax Number : (845) 818-3588

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

2020 DEC -2 AM 11:25

20 DEC -2 PM 9:32

Foreign Limited Liability Company
PAC Menlo, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PAC MENLO, 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 THIRTIETH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PAC MENLO, LLC" WAS FORMED ON THE SIXTH DAY OF NOVEMBER, A.D. 2020.

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

62 5 11 2-11-20



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

4078517 8300

SR# 20208513794

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

Authentication: 204184887

Date: 11-30-20

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

IN COMPLIANCE WITH SECTION 605.042, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO THE FLORIDA DEPARTMENT OF REVENUE FOR REGISTRATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PAC Menlo, LLC
(Name of Foreign Limited Liability Company must include "Limited Liability", "LLC", "L.P.", "LP", "LLC", "L.P.", "LP", "LLC", "L.P.", "LP")

If there are available, other documents adopted for the purpose of transacting business in Florida, the documents are attached to this application.

2. Delaware
(State of incorporation under the law of which the corporation/income company is organized)

3. Upon Filing
(Date first proposed business in Florida if prior to registration)
(SEE SECTION 605.042(1)(A), (2)(A), (3) for definitions of priority liability.)

4. 3284 Northside Parkway, N.W., Suite 150
(Direct Address of Principal Office)
Atlanta, GA 30327

5. 3284 Northside Parkway, N.W., Suite 150
(City, State, ZIP)
Atlanta, GA 30327

6. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Vcorp Services, LLC
Office Address: 5011 South State Road 7, Suite 106
Davie, Florida 33314
(City) (State) (ZIP)

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's signature)

Table with 4 columns: Title or Capacity, Name and Address, Title or Capacity, Name and Address. Row 1: Manager, PAC Carveout, LLC, 3284 Northside Parkway, N.W., Suite 150, Atlanta, GA 30327.

(Use attachments if necessary.)

7. 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.)

8. 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 authorized person)
Jeffrey Spratt
typed or printed name of signer