

md 10000000829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

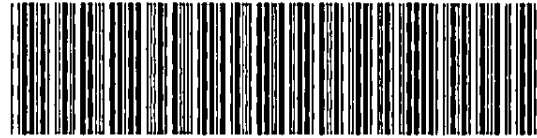
(Business Entity Name)

(Document Number)

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

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FEB 22 2021

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SAC PCB, 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:

SANDY HOGUE

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

LIBERIS LAW FIRM

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

212 W. INTENDENCIA STREET

\_\_\_\_\_  
Address

PENSACOLA, FL 32502

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

ASSISTANT@LIBERISLAW.COM

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

For further information concerning this matter, please call:

SANDY HOGUE

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

at ( 850 )

\_\_\_\_\_  
Area Code

438-9647 Ext. 6

\_\_\_\_\_  
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. SAC PCB, 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. KENTUCKY

(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. 2768 N. HIGHLAND AVENUE

(Street Address of Principal Office)

6. 2768 N. HIGHLAND AVENUE

(Mailing Address)

JACKSON, TN 38305

JACKSON, TN 38305

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

Name: CHARLES S. LIBERIS, ESQUIRE

Office Address: 212 W. INTENDENCIA STREET

PENSACOLA

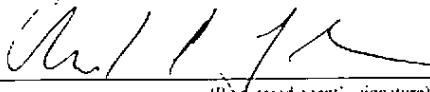
(City)

Florida 32502

(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)

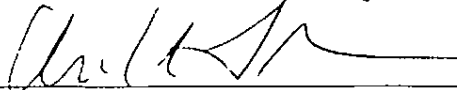
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>SUSAN COX</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>2768 N. Highland Avenue</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Jackson, TN 38305</u>	<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 _____
<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

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Existence**

Authentication number: 240623

Visit <https://web.sos.ky.gov/ftshow/certvalidate.aspx> to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**SAC PCB, LLC**

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is December 9, 2020 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 7<sup>th</sup> day of January, 2021, in the 229<sup>th</sup> year of the Commonwealth.



*Michael G. Adams*

Michael G. Adams  
Secretary of State  
Commonwealth of Kentucky  
240623/1123607

**1123607.06**

balimonos  
ADD

Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
12/9/2020 12:12 PM  
Fee Receipt: \$40.00

**ARTICLES OF ORGANIZATION  
OF  
SAC FL, LLC**

The undersigned, serving as the organizer, pursuant to KRS Chapter 275, hereby executes and files the following Articles of Organization for the purpose of forming a Kentucky limited liability company under the Kentucky Limited Liability Company Act:

**ARTICLE 1  
NAME**

The name of the limited liability company is to be SAC FL, LLC (the "Company").

**ARTICLE 2  
INITIAL REGISTERED OFFICE AND INITIAL REGISTERED AGENT**

The initial registered office of the Company is to be located at 400 W. Market Street, Suite 2000, Louisville, Kentucky 40202. The name of the Company's initial registered agent at that office is to be WT&C Corporate Services, Inc.

**ARTICLE 3  
INITIAL PRINCIPAL OFFICE**

The mailing address of the initial principal office of the Company is to be 2768 N. Highland Ave, Jackson, Tennessee 38305.

**ARTICLE 4  
STATEMENT OF MANAGEMENT**

The affairs of the Company are to be managed by its member(s), subject to the terms of the Company's Operating Agreement.

[End of Text; Signature Page Follows]

The undersigned hereby certifies that the foregoing constitutes the Articles of Organization of SAC FL, LLC.

Executed by the undersigned December 9, 2020.

WT&C Corporate Services, Inc.

By: Maggie Weber  
Name: Maggie Weber  
Title: Secretary

**1123607.06**

vmiller  
AMD

Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
1/7/2021 1:24 PM  
Fee Receipt: \$40.00

**ARTICLES OF AMENDMENT  
TO THE  
ARTICLES OF ORGANIZATION  
OF  
SAC FL, LLC**

Pursuant to the provisions of KRS 275.030, effective as of January 5, 2021 the following Articles of Amendment to the Articles of Organization of SAC FL, LLC are hereby adopted:

FIRST: The name of the Company is SAC FL, LLC.

SECOND: Article I is amended in its entirety to read as follows (the "Amendment"):

**ARTICLE I  
NAME**

The name of the limited liability company is to be SAC PCB, LLC (the "Company").

THIRD: Pursuant to the provisions of KRS 275.175, the Amendment was duly authorized and approved by the sole member on January 5, 2021.

[End of Text; Signature Page Follows]



**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Amendment  
as of the date first written above.

SAC FL, LLC

By: Susan Cox  
Susan Cox, Member