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(Requestor's Name)

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☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pi Beta Phi FHC - Florida Eta, 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:

Jacklyn Olinger

Name of Person

Fraternal Law Partners

Firm/Company

225 West Court Street

Address

Cincinnati, OH 45202

City/State and Zip Code

krugen@pibetaphi.org

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

For further information concerning this matter, please call:

Jacklyn Olinger

513

763-6752

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. Pi Beta Phi FHC - Florida Eta, 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. Oklahoma 3. N/A  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 1154 Town and Country Commons Drive 6. 1154 Town and Country Commons Drive  
(Street Address of Principal Office) (Mailing Address)  
Town & Country, MO 63017 Town & Country, MO 63017

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

Name: NRAI Services, Inc.  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(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.

Denise Bell

Denise Bell, Assistant Secretary

(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 checked="" type="checkbox"/> Manager | Name: <u>Pi Beta Phi FHC Asset Managem</u> | <input type="checkbox"/> Manager           | Name: <u>Pi Beta Phi FHC Asset Managem</u> |
| <input type="checkbox"/> Member             | Address: <u>1154 Town and Country Comm</u> | <input checked="" type="checkbox"/> Member | Address: <u>1154 Town and Country Comm</u> |
| <input type="checkbox"/> Authorized         | <u>Town &amp; Country, MO 63017</u>        | <input type="checkbox"/> Authorized        | <u>Town &amp; Country, MO 63017</u>        |
| Person                                      | _____                                      | Person                                     | _____                                      |
| <input type="checkbox"/> Other: _____       | <input type="checkbox"/> Other: _____      | <input type="checkbox"/> Other: _____      | <input type="checkbox"/> Other: _____      |
| <br><input type="checkbox"/> Manager        | Name: _____                                | <br><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: _____      |
| <br><input type="checkbox"/> Manager        | Name: _____                                | <br><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.17.155, F.S.



Signature of an authorized person

Brenda Balkunas Wirth, President

Typed or printed name of signer

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF GOOD STANDING  
DOMESTIC LIMITED LIABILITY COMPANY**

I, **THE UNDERSIGNED**, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I **FURTHER CERTIFY** that PI BETA PHI FHC - FLORIDA ETA, LLC whose registered agent is NATIONAL REGISTERED AGENTS, INC. OF OK, with registered office at 1833 SOUTH MORGAN ROAD OKLAHOMA CITY 73128 USA Oklahoma is a Domestic Limited Liability Company duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.

2021 FEB 19

FILED



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 19th, day of February, 2021.

*Brian Blagman*

Secretary Of State