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| (Requestor's Name) |
|---|
| (Address) |
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| (City/State/Zip/Phone #) |
| ☐ PICK-UP ☐ WAIT ☐ MAIL |
| (ਬਿਪsiness Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer |
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Office Use Only



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K Brumbley

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956 Fax: 850.656.7953

www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

FROM

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051

Melissa Moreau mmoreau@incserv.com 850.656.7953

| R | EΟ | UEST | DATE | 5/5/2021 |
|---|----|------|------|----------|
| _ | | | | 3/3/2021 |

PRIORITY Regular Approval

OUR REF_#_(Order_ID#)] 914338

ORDER ENTITY PUHOLDCO 2 LLC

| PLEASE PERFORM THE FOLLOWING SERVICES: | |
|--|--|
| PUHOLDCO 2 LLC (FL) | |
| File the attached foreign qualification document | |

NOTES: \$125.00 Authorized Email address for annual report reminders: radiv@incserv.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, May 5, 2021 Page 1 of 1

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

IN COMPLIANCE WITH SECTION COSOGO, FLORIDA SEATI TEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN ALMITED LIABILITY COMPANY/OTRANSACTBUSINESS IN THE STATE OF HORIDA

| Leaves and Asia antas Heaves | name adopted for the purpose of transacting bisiness in I | band. The sternal region most nich in Vanned | Gubdus Cormans 114 or 115 | |
|------------------------------------|--|--|---------------------------|--|
| Delaware . | incir foreign lamied hability company is organized) | 3. (Then | | |
| 5 1/21 | | | | |
| | Office first transacted business of Fourday of prior to thee sections to Sympt A 1005 (805) 8 Symptotic for | | | |
| 5010-A Sandy Springs | | 6010-A Sandy Springs Ci | | |
| treet Address of Principal Office) | <u> </u> | 6 Mailing Addresss | | |
| Atlanta, GA 30328 | | Atlanta, GA 30328 | | |
| | | | | |
| Name and <u>street addres</u> | s of Horida registered agent: (P.O. Box | <u>NOT</u> acceptable) | 1021 | |
| Name [,] | Incorporating Services, Ltd. | | 2021 MAY -5 | |
| Office Address: | 1540 Glenway Drive | | ## 9: | |
| | Fallahassee | 32301 | 56 | |

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. Thereby 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. Helissa A. Wy Oreuw

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: | Title or Capacity: | Name and Address: |
|--------------------|-----------------------------------|--------------------|--------------------------|
| ■Manager | Name: Max Feidelson | ≣Manager | Name: Tyler Deane-Krantz |
| □Member | Address: 675 Ponce De Leon Ave NF | □Member | Address: |
| □Authorized | Apt e516 | □Authorized | Atlanta, GA 30307 |
| Person | Atlanta, GA 30308 | Person | |
| □Other | | □Other | |
| □Manager | Name: | □Manager | Name: |
| □Member | Address: | □Member | Address: |
| □Authorized | | □Authorized | |
| Person | | Person | |
| □Other | Other | □Other | □Other |
| □Manager | Name: | □Manager | Name: |
| □Member | Address: | □Member | Address: |
| □Authorized | | □Authorized | |
| Person | | Person | |
| □Other | Other | □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

Max Feidelson

Exped or printed name of cianas

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PU HOLDCO 2 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 FIFTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PU HOLDCO 2 LLC" WAS FORMED ON THE EIGHTEENTH DAY OF MARCH, A.D. 2021.

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



Authentication: 203129105

Date: 05-05-21