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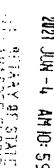
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COVER LETTER

PAM EQUIPMENT, LLC			
SUBJECT:	ne of Limited Liability Company	-	
ivan	ic of Emilieu Elability Company		
	Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact busi		
Please return all correspondence concerning this matter	to the following:		
Roxana Tejeda, Esq.,			
	Name of Person	-	
Tejeda Law Group, P.A.,			
	Firm/Company	•	
17687 NW 78th Avenue			
· · · · · · · · · · · · · · · · · · ·	Address	•	
Miami, Florida 33015		;	2021
	City/State and Zip Code	::::::::::::::::::::::::::::::::::::	٦
Roxana@tejedalawgroup.com		\$ 13 \$ 25	2021 JUN -4
E-mail address: (to b	e used for future annual report notification)		
For further information concerning this matter, please ca	ill:	#0 F	AH 10: 59
Roxana Tejeda, Esq.,	305 894-9366 at ()	214	9 9
Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address: Registration Section	Street Address: Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amount: Please make check payable to FLORIDA DE \$125.00 Filing Fee \$\overline{\mathbb{Z}}\$\$ \$130.00 Filing Fe Certificate	ee & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee,		

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PAM EQUIPMENT LI (Name of Foreign	LC Limited Liability Company; must include "Lim	ated Liability C	ompany," "I.L.C.," or "LLC.")		_	
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in	n Florida. The alto	rnate name must include "Limited Liability Cor	mpany," "L.L.C," or	"LLC.")	
Chicago, Illinois						
2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. <u> </u>	(FEI number, if appli	cable)	_	
4.						
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to dete	lo registration) rmine penalty lial	pility)			
160 NW 176th Street 5.			50 NW 176th Street			
(Street Address of Principal Office)	<u></u>	o	(Mailing Address)		_	
Suite 301		St	tie 301		_	
Miami Gardens, Florid	la 33169	М	iami Gardens. Florida 33169		297	
7. Name and street address	ss of Florida registered agent: (P.O. Be	ox <u>NOT</u> acc	reptable)	3- 78- 3- 78- 3- 78- 50 76-	2021 JUN -4 AH 10:	
Name:	Milos Pavlovic		· -	다. 기록 기요	۲ AH	; ;
Office Address:	160 NW 176th Street, Suite 301			DE DE LES	0: 59	•
	Miami Gardens.		33169 . Florida			
	(City)		Florida (Zip code)			
designated in this applica to comply with the provisi	otance: egistered agent and to accept service of etion, I hereby accept the appointment ions of all statutes relative to the prop s of my position as registered agent. (Registered agent	as registere er and comp	d agent and agree to act in this c	apacity. I furt	her agr	

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Title or Capacity:	Name and Address:	Title or Capacity:	
≣ Manager	Name: Milos Pavlovic	■Manager	Name: Nebojsa Petrovic
□Member	Address: 650 NE 32nd Street	□Member	Address:Address:
□Authorized	Apt. 4102	□Authorized	Suite 203A
Person	Miami, Florida 33137	Person	Hollywood, Florida 33021
□Other	□ Other	□Other	□Other
∐Manager	Name:	□Manager	Name:
_lMember	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	28
□Other	Other	□Other	Other <u> <22 </u>
□Manager	Name:	□Manager	Name: 57 A A C
□Member	Address:	□Member	Address:
☐Authorized		□Authorized	
Person		Person	
Other	Other	Other	Other

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 Milos Pavlovic Typed or printed name of signee



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

PAM EQUIPMENT LLC. HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 18, 2020. APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD day of JUNE A.D. 2021.

Authentication #: 2115402008 verifiable until 06/03/2022
Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE