

M21000009541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

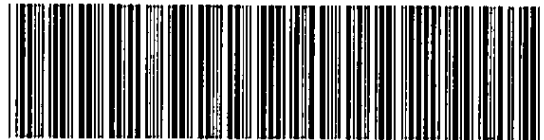
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUL 20 10:11:42

APPROVED
AND
FILED

07 27 2021

10:11:42

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pearl TV, 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:

Eric Clarke

Name of Person

Evergreen Advisors, LLC

Firm/Company

9256 Bendix Road, Suite 300

Address

Columbia, MD 20145

City/State and Zip Code

krystal.miller@pearlrv.com

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

For further information concerning this matter, please call:

Krystal Miller

Name of Contact Person

at (408)

Area Code

568-0476

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**

**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:

Pearl TV, LLC

1. _____
(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. Delaware 27-2538883
(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. 601 13th St. NW
(Street Address of Principal Office)

6. 601 13th St. NW
(Mailing Address)

Suite 900 South, #90135

Suite 900 South, #90135

Washington, DC, 20005

Washington, DC 20005

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

Name: Pete Van Peenen

Office Address: 1401 MANATEE AVE W, Suite 1000

Bradenton, Florida 34205
(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.

2021 OCT 20 AM 11:42
RECEIVED
CLERK OF COURT
HILLSBORO COUNTY
FLORIDA

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>
<input type="checkbox"/> Manager	Name: <u>Pete Van Peenen</u> <u>1401 Manatee Ave W</u>
<input type="checkbox"/> Member	Address: <u>Suite 1000</u>
<input checked="" type="checkbox"/> Authorized	<u>Bradenton, FL 34205</u>
Person	<u></u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

☐ Manager Name: Eric Clarke
9256 Bendix Road, Suite 300
☐ Member Address: Columbia, MD 20145
☒ Authorized Person
☐ Other Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

<u>Title or Capacity:</u>	<u>Name and Address:</u>
	Anne Schelle
<input type="checkbox"/> Manager	Name: _____
	601 13th St. NW
<input type="checkbox"/> Member	Address: _____
	Suite 900 South, #90135
<input checked="" type="checkbox"/> Authorized	_____
Person	Washington, DC 20005

<input type="checkbox"/> Other	<input type="checkbox"/> Other

☐ Manager Name: Krystal Miller
601 13th St. NW
☐ Member Address: Suite 900 South, #90135
Washington, DC 20005
☒ Authorized Person
☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ 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.

Anne Schelle

Signature of an authorized person

Anne Schelle

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "PEARL TV LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE NINTH DAY OF APRIL, A.D. 2010, AT 4:54 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "PEARL MOBILE DTV COMPANY, LLC" TO "PEARL TV LLC", FILED THE THIRD DAY OF JULY, A.D. 2018, AT 2:58 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "PEARL TV LLC".

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



4805265 8310

SR# 20211322038

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203235773

Date: 05-18-21