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(R	equestor's Name)	
(A	ddress)	
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PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	'
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	> Filing Officer	
L	Office Use Only	



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 12000000088

Date:	08/25/2021	
Name:	Chris Vick	
Reference #:	1458392	
Entity Name:		PCO HOLDINGS LLC
	s of Incorporation/Authorization t	o Transact Business
	je of Agent	
C Reinst	atement	
Conve Conve	rsion	
🗌 Merge	r	
🗌 Dissoli	ution/Withdrawal	
Fictitio	us Name	
Other_	CERTIFIEL	
Authorized Ar Signature:	nount: \$155.00	

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EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES,
REGISTERED IN ENGLAND & WALES,
REGISTERED IN ENGLAND,
LOYDS AVE, UNIT ACL
LONDON EG3N 3AX
+44 (0)20.3961.3080

## COVER LETTER

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TO: Registration Section Division of Corporations

SUBJECT:

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Okeechobee Opco Holdings 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:

		Name of Person		
	Co	gency Global In	2	
<u> </u>			J. 	
		Firm/Company		
	1025 C	onnecticut Ave.	NW	
		Address		
	Wasł	nington, DC 200	36	
	Cit	y/State and Zip Code	<u></u>	
	E-mail address: (to be i this matter, please call:	ised for future annua	report notifical	tion)
			report notificat	tion)
er information concerning		ised for future annua at ( Area Code	_)	tion) Telephone Numbe
er information concerning	this matter, please call:	at (	_) Daytime	Telephone Numbe
er information concerning	this matter, please call:	at (	_) Daytime STREET AD	Telephone Numbe DRESS:
er information concerning Name of MAILING ADDRESS:	this matter, please call:	at (	_) Daytime <u>STREET AD</u> Division of Cc	Telephone Number DRESS: orporations
er information concerning Name of <u>MAILING ADDRESS:</u> Division of Corporations	this matter, please call:	at (	_) Daytime <u>STREET AD</u> Division of Cc Registration So	Telephone Number DRESS: prporations ection
er information concerning Name of <u>MAILING ADDRESS:</u> Division of Corporations Registration Section	this matter, please call:	at (	_)	Telephone Number DRESS: prporations ection bg
er information concerning Name of <u>MAILING ADDRESS:</u> Division of Corporations Registration Section P.O. Box 6327	this matter, please call:	at (	_)	Telephone Number DRESS: priporations ection ng e Center Circle
er information concerning Name of <u>MAILING ADDRESS:</u> Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the	this matter, please call: Contact Person	at ( Area Code	Daytime <u>STREET AD</u> Division of Cc Registration So Clifton Buildin 2661 Executiv Tallahassee, F	Telephone Number DRESS: priporations ection ng e Center Circle
er information concerning Name of <u>MAILING ADDRESS:</u> Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the Please make check payable	this matter, please call: Contact Person : following amount: e to: FLORIDA DEPAI	at ( Area Code RTMENT OF STA'	)	Telephone Number DRESS: proporations ection hg e Center Circle L 32301
er information concerning Name of MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Fallahassee, FL 32314 Enclosed is a check for the	this matter, please call: Contact Person	at ( Area Code RTMENT OF STA e & □ \$155.00	Daytime <u>STREET AD</u> Division of Cc Registration So Clifton Buildin 2661 Executiv Tallahassee, F	Telephone Number DRESS: priporations ection ng e Center Circle

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

IN COMPLIANCE WITH SECTION 605.0502, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

e unavailable, enter alternate nam	e adopted for the purpose of transacting business in	) Florida - Die altern	ate name must includ	le "Limited Liability Co	mpany," "L.L.C," o	∉ "L1 C.
	elaware	3.				
isdiction under the law of whiel	(foreign limited liability company is organized)			(Fr.) number, (Lap	plicable)	
	Upon Filing					
	(Date first transacted business in Florida, if prior (See sections 605/0904 & 605,0905, F.S. to dete	r to registration.) ermine penalty babil	hty į			
2901 Stirling I	Road, Ste 200	6.	2901 S	tirling Road,	Ste 200	
Street Address of Prin	eipal Othee)	0,		(Mailing Address)		
Fort Lauderda	ale, FL 33312		Fort La	uderdale, FL	33312	
						2021
	······		<u> </u>			196
e and <u>street address</u> e	of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acce	ptable)			10
						U - 1
Name:	COGENCY GLOBAL	INC.			· · · · · · · · · · · · · · · · · · ·	
-						۰ د ۳
	115 North Calhoun St.	Suite 4			- بال	4
Office Address:	······································	·				
Office Address:	Tallahassee	·	 Florida	32301		

Registered agent's acceptance:

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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.

hela l'esall

(Registered agent's signature) Sheila Carroll, Assistant Secretary

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name:Ben Philipson	Manager Name:	
Member	Address: 2901 Sterling Road	_	
Authorized	Ste 200		
Person	Fort Lauderdale, FL 33312	Person	
Other	[_]Other	[]]Other	
Manager	Name:	Manager Name:	<u> </u>
Member	Address:	Member Address;	<u> </u>
Authorized		Authorized	<u>eji os</u>
Person		Person	<u></u>
Other	Other	Other	Other
Manager	Name:	🗌 Manager Name:	
∐Member	Address:	Member Address:	
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other

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]:

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

١. Signative of an authorized person

Bent Philipson

Typed or printed name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OKEECHOBEE OPCO HOLDINGS 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 TWENTY-FIFTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OKEECHOBEE OPCO HOLDINGS LLC" WAS FORMED ON THE SECOND DAY OF FEBRUARY, A.D. 2021.

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

č G F 153 173 Ģ



Jeffrey W. Bulk cl, Secretary of Slate

Authentication: 204002393 Date: 08-25-21

Page 1

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

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