

# M220000000039

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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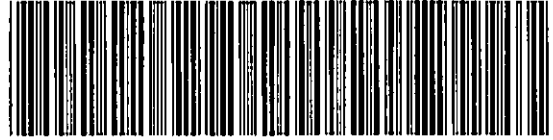
\_\_\_\_\_  
(Business Entity Name)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PGI Research 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:

Quiny Chan

\_\_\_\_\_  
Name of Person

The Falconwood Corporation

\_\_\_\_\_  
Firm/Company

c/o 20 Gramercy Park South

\_\_\_\_\_  
Address

New York

10003

\_\_\_\_\_  
City/State and Zip Code

tfc-legal@falconfone.com

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

For further information concerning this matter, please call:

Quiny Chan

929

433-7135

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

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

**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. PGI Research 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. State of Delaware, United States 3. 84-4012717  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 1/1/2022  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6501 Arlington Expressway B105 #2168 6. c/o 215 College Road  
(Street Address of Principal Office) (Mailing Address)  
Jacksonville Paramus  
FL 32211 NJ 07652

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

Name: Registered Agents Inc.  
Office Address: 7901 4th Street N STE 300  
St. Petersburg, Florida 33702  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

**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.*

Bill Hume  
(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 type="checkbox"/> Manager	Name: <u>Andrew R Jarecki</u>	<input type="checkbox"/> Manager	Name: <u>Dr. Benjamin S Bunney</u>
<input type="checkbox"/> Member	Address: <u>6501 Arlington Expressway</u>	<input type="checkbox"/> Member	Address: <u>6501 Arlington Expressway</u>
<input type="checkbox"/> Authorized	<u>B105 #2168</u>	<input type="checkbox"/> Authorized	<u>B105 #2168</u>
Person	<u>Jacksonville, FL 32211</u>	Person	<u>Jacksonville, FL 32211</u>
<input checked="" type="checkbox"/> Other <u>Director</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Director</u>	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Daniel Goodman MD</u>	 <input type="checkbox"/> Manager	Name: <u>Dr. Emer Leahy</u>
<input type="checkbox"/> Member	Address: <u>6501 Arlington Expressway</u>	<input type="checkbox"/> Member	Address: <u>6501 Arlington Expressway</u>
<input type="checkbox"/> Authorized	<u>B105 #2168</u>	<input type="checkbox"/> Authorized	<u>B105 #2168</u>
Person	<u>Jacksonville, FL 32211</u>	Person	<u>Jacksonville, FL 32211</u>
<input checked="" type="checkbox"/> Other <u>Director</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>CEO &amp; President</u>	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Dr. Stanley Lefkowitz</u>	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>6501 Arlington Expressway</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>B105 #2168</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Jacksonville, FL 32211</u>	Person	_____
<input checked="" type="checkbox"/> Other <u>EVP and Secretary</u>	<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.817.155, F.S.

Declassified by:  
Dr. Emer Leahy  
15 SEP 2006 09:14Z

Signature of an authorized person

Dr. Emer Leahy

Typed or printed name of signee

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PGI RESEARCH 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 FIFTEENTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PGI RESEARCH LLC" WAS FORMED ON THE SIXTEENTH DAY OF DECEMBER, A.D. 2019.

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



7754629 8300

SR# 20214097413

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

Authentication: 204981476

Date: 12-15-21