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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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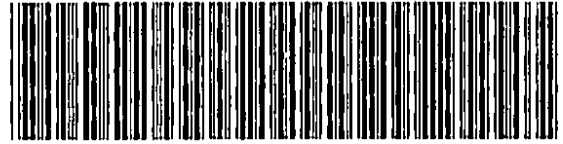
(Business Entity Name)

(Document Number)

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2022 MAR -1 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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. PI-1 Ops, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Phillips Investments - 1 Ops 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. Illinois  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-4095534  
(FEI number, if applicable)

4. 1-1-21  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2402 18th St  
(Street Address of Principal Office)

6. 2402 18th St  
(Mailing Address)

Charleston IL 61920

Charleston IL 61920

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

Name: Reginald Phillips

Office Address: 103 5th St South, unit A

Bradenton Beach, Florida 34217  
(City) (Zip code)

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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.

Reginald Phillips  
(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 checked="" type="checkbox"/> Manager	Name:	Reginald Phillips		<input type="checkbox"/> Manager	Name:	Randy Porter	
<input type="checkbox"/> Member	Address:	103 5th St South, Unit A		<input type="checkbox"/> Member	Address:	3167 County Hwy 33	
<input checked="" type="checkbox"/> Authorized		Bradenton Beach, FL 34217		<input checked="" type="checkbox"/> Authorized		Stewardson IL 62463	
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Hadley Phillips		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	1062 Woodberry Ln		<input type="checkbox"/> Member	Address:		
<input checked="" type="checkbox"/> Authorized		Charleston IL 61920		<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Chad Phillips		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	11333 Thistlewood Ln		<input type="checkbox"/> Member	Address:		
<input checked="" type="checkbox"/> Authorized		Effingham IL 62401		<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<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)

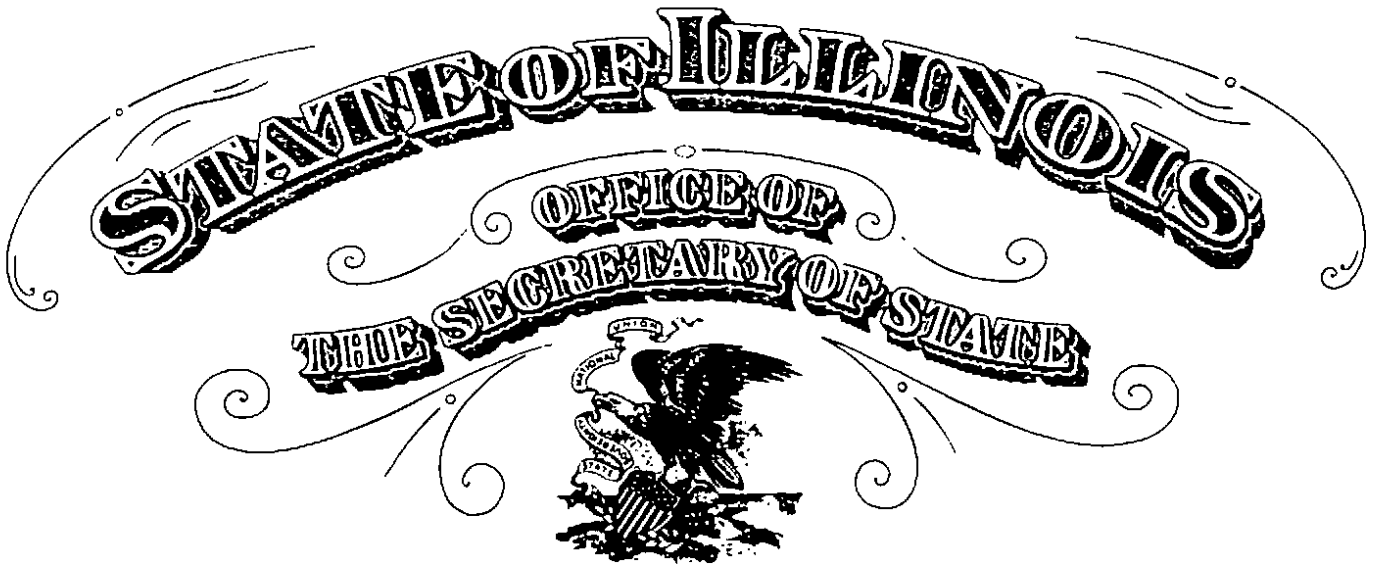
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Randy Porter

Signature of an authorized person

Randy Porter

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*

PI-1 OPS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 17, 2021, 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 25TH  
day of FEBRUARY A.D. 2022 .***

*Jesse White*

SECRETARY OF STATE