

M2200000 58/5

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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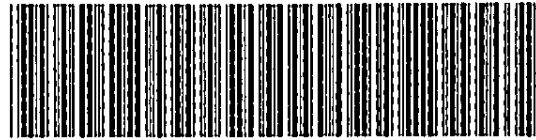
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEMIEUX

APR 14 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PI-1-Facility-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:

Randy Porter
Name of Person

Unique Homes & Lumber
Firm/Company

2402 18th St
Address

Charleston IL 61920
City/State and Zip Code

rporter@unique-homes.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randy Porter at (217) 345-5022 x 2035
Name of Contact Person 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. PI-1-Facility LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Phillips Investments - Facility 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. 87-4048064
(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)

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)

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2022 MAR 09 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, 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> | | <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 5 th 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.

Reginald Phillips

Signature of an authorized person

Randy Porter

Typed or printed name of signee

File Number

1122747-3



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 FACILITY 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