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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

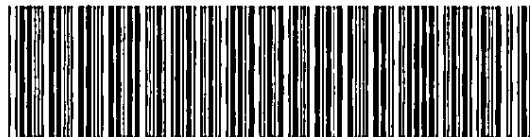
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W22-39492

Office Use Only



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03/01/22--01026--003  
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FILED  
2022 MAR -1 AM 9:46  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

T. LEMIEUX

MAY -9 2022

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PI-1 Ops LLC - Venice Operations Series  
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 18<sup>th</sup> 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 ) 345-5072 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 27, 2022

RANDY PORTER  
2402 18TH ST  
CHARLESTON, IL 61920 US

SUBJECT: PI-1 OPS LLC  
Ref. Number: W22000039492

We have received your document for PI-1 OPS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name on the application must be identical to what is showing on the Certificate of Good Standing.,

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Consina Griffin-Greaux  
Regulatory Specialist II

Letter Number: 622A00007129

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 Venice Operations Series  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Phillips Investments Ops LLC Venice Operations Series  
(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. 87-4147353  
(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 18<sup>th</sup> St  
(Street Address of Principal Office)

6. 2402 18<sup>th</sup> St  
(Mailing Address)

Charleston IL 61920

Charleston FL 61920

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

Name: Reginald Phillips

Office Address: 103 5<sup>th</sup> 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)

FILED  
2022 MAR - 1 AM 9:46  
CLERK 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: <u>Reginald Phillips</u>	<input type="checkbox"/> Manager	Name: <u>Randy Porter</u>
<input type="checkbox"/> Member	Address: <u>103 5<sup>th</sup> St South, unit A</u>	<input type="checkbox"/> Member	Address: <u>3167 County Hwy 33</u>
<input checked="" type="checkbox"/> Authorized	<u>Bradenton Beach, FL 34217</u>	<input checked="" type="checkbox"/> Authorized	<u>Stewardson IL 62463</u>
Person _____		Person _____	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Hadley Phillips</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1062 Woodberry Ln</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Charleston IL 61920</u>	<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: <u>Chad Phillips</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>11333 Thistlewood Ln</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Ebbingham, IL 62401</u>	<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

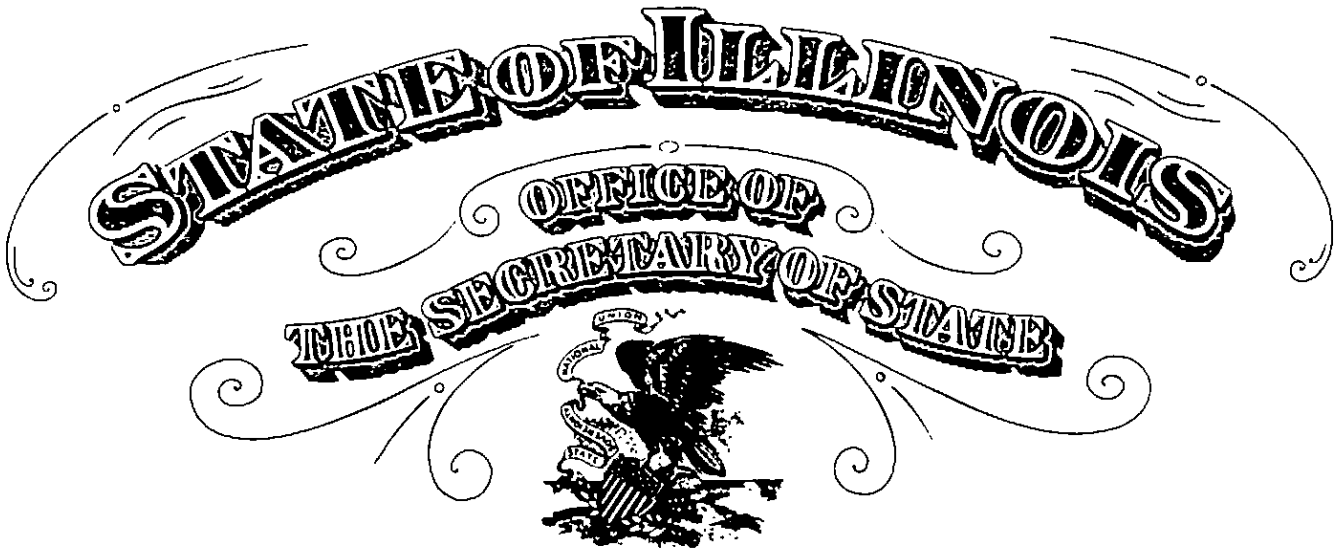
Signature of an authorized person

Randy Porter

Typed or printed name of signee

File Number

1122770-8



**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, AND HAVING ESTABLISHED A SERIES WITH THE DESIGNATED NAME OF PI-1 OPS, LLC - VENICE OPERATIONS SERIES 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