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ALLAHASSEE, FLOOR

MAY 0 9 2022

K. Brumbley

## **Advanced Incorporating Service**

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: www.aisincfl.com

Pine Valley FL 2022, LLC
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## 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:

ne unavailable, enter alternate i	name adopted for the purpose of transacting business in Florida, T	he alternate name must include "Limited Liability	y Company," "L L.C," or "LLC
elaware		2	
Jurisdiction under the law of w	high foreign limited liability company is organized)	3(FEI number, if	applicable)
	(Date first transacted business in Florida, if prior to registral (See sections 605,0904 & 605,0905, F.S. to determine pena	ion.) Ity liability)	_
00 N LaSalle St Ste 7	_		
Address of Principal Office)		(Mailing Address)	
nicago, IL 60602			
<u> </u>			
			20
ame and street addres	s of Florida registered agent: (P.O. Box NO)	[_acceptable)	22
			A A
Name:	Universal Registered Agents, Inc.		0
ivame:		·	•
	1317 Califonia Street		<u> </u>
055444			
Office Address:			္ ယ
Office Address:	Tallahassee	32304	
Office Address:	Tallahassee (City)	32304 , Florida(Zip code)	3: 47

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: PVone Capital, LLC \_Manager ■ Manager Name: N LaSalle St Ste 710 Address: ∠ Member Address: \_\_\_\_\_ Member Chicago, IL 60602 \_Authorized Authorized Person Person □Other \_Other\_\_\_\_ Other Other □ Manager \_ Manager Name: \_\_\_\_\_ ☐ Mcmber Address: Address: \_\_\_\_\_ Member Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_\_ Other\_\_\_\_ Name: \_\_\_\_\_ ☐Manager ☐ Member Address: Address: ☐ Member Authorized Authorized Person Person \_Other\_\_\_\_ Other Other\_\_\_\_ 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. Signature of an authorized person

Typed or printed name of signee

Evan Hareras

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PINE VALLEY FL 2022, 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 FIFTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PINE VALLEY FL 2022, LLC" WAS FORMED ON THE FIFTH DAY OF MAY, A.D. 2022.

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

Authentication: 203358084

Date: 05-05-22

6780563 8300 SR# 20221810044