

Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
 Account Number : I20160000017
 Phone : (855)498-5500
 Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
 PR PROPERTIES IV, LLC**

****FILE FIRST, BEFORE
 H22000340721**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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2022 OCT -4 AM 11:02
 SECRETARY OF STATE
 FALL AGENCY REPORT

APPROVED
 AND
 FILED

OCT 05 2022
 K. Brumby

DocuSign Envelope ID: F9C4ACBB-856B-4A3C-BF6D-4B85702EF45A

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. PR Properties IV, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)
(See sections 603.0904 & 603.0905, F.S. to determine penalty liability)

5. 2755 East Oakland Park Blvd., Ste 200

(Street Address of Principal Office)

6. P.O. Box 508

(Mailing Address)

Ft. Lauderdale, FL 33306

Wayne, PA 19087

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

Name: Michael O'Neill

Office Address: 2755 East Oakland Park Blvd., Ste 200

Ft. Lauderdale, Florida 33306

(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.

Designated by:

Mike O'Neill

(Registered agent's signature)

APPROVED
AND
FILED

2022 OCT -4 AM 11:02

CLERK OF STATE
TALLAHASSEE, FL 32307

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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>Michael O'Neill</u>	<input type="checkbox"/> Manager	Name: <u>David Ellis</u>
<input checked="" type="checkbox"/> Member	Address: <u>2755 East Oakland Park Blvd.</u>	<input type="checkbox"/> Member	Address: <u>2755 East Oakland Park Blvd.</u>
<input type="checkbox"/> Authorized	<u>Ste 200</u>	<input checked="" type="checkbox"/> Authorized	<u>Ste 200</u>
Person	<u>Ft. Lauderdale, FL 33306</u>	Person	<u>Ft. Lauderdale, FL 33306</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Adam Mignogna</u>	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>2755 East Oakland Park Blvd.</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Ste 200</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Ft. Lauderdale, FL 33306</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<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 indexed 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 3.817.155, F.S.

Designed by:

Mike O'Neill

1EB04E6173DB475

Signature of an authorized person

Michael O'Neill, Authorized Person

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PR PROPERTIES IV, 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 FOURTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PR PROPERTIES IV, LLC" WAS FORMED ON THE NINTH DAY OF OCTOBER, A.D. 2018.

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



7092280 8300

SR# 20223687764

You may verify this certificate online at corp.delaware.gov/authver.shtml

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

Jeffrey W. Bullock, Secretary of State

Authentication: 204542799

Date: 10-04-22