

M220000017390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

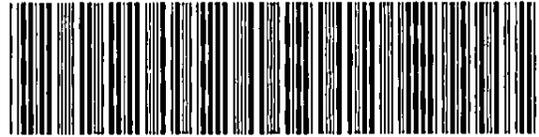
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALLIANCE

RECEIVED

S. ROBERTS

NOV 17 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PBPBK2, 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:

Brigitte Kruse

Name of Person

PBPBK2, LLC

Firm/Company

465 Orlando Avenue, Unit 205

Address

Maitland, Florida 32751

City/State and Zip Code

brigitte@gwsauctions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brigitte Kruse

702

580-3364

at ()

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. PBPBK2, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. Delaware 3. 92-0858764
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 465 Orlando Avenue 6. 465 Orlando Avenue
(Street Address of Principal Office) (Mailing Address)
Unit 205 Unit 205
Maitland, Florida 32751 Maitland, Florida 32751

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

Name: Brigitte Kruse
Office Address: 465 Orlando Avenue, Unit 205
Maitland 32751
(City) , Florida (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.

Brigitte Kruse
(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]:

Title or Capacity: Manager
Name and Address: Name: Brigitte Kruse
 Address: 465 Orlando Avenue
Unit 205
Maitland, Florida 32751
 Other _____ Other _____

Manager
Name and Address: Name: Kevin D. Fialko
 Address: 465 Orlando Avenue
Unit 205
Maitland, Florida 32751
 Other _____ Other _____

Manager
Name and Address: Name: Priscilla Presley
 Member
 Address: 465 Orlando Avenue
 Authorized
 Unit 205
 Person Maitland, Florida 32751
 Other _____ Other _____

Title or Capacity: Manager
Name and Address: Name: _____
 Member
 Address: _____
 Authorized

 Person _____
 Other _____ Other _____

Manager
Name and Address: Name: _____
 Member
 Address: _____
 Authorized

 Person _____
 Other _____ Other _____

Manager
Name and Address: Name: _____
 Member
 Address: _____
 Authorized

 Person _____
 Other _____ 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.



 Signature of an authorized person

Brigitte Kruse

 Typed or printed name of signee

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PBPBK2, 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 FIFTEENTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PBPBK2, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2022.

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



7107843 8300

SR# 20224018657

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 in a small font.

Authentication: 204857463

Date: 11-15-22

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

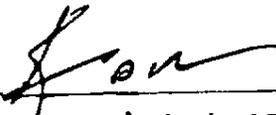
1. Name of Limited Liability Company: Cilla Serum 2 LLC

2. The Certificate of Formation of the limited liability company is hereby amended for the purpose of changing the name of the limited liability company, as follows:

Paragraph **FIRST** of the Certificate of Formation is deleted, and replaced in its entirety with the following:

FIRST: The name of the limited liability company is: PBPBK2, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 8th day of November, A.D. 2022

By: 
Authorized Person(s)
manager

Name: KEVIN D. FIALKA
Print or Type