

M220000017390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

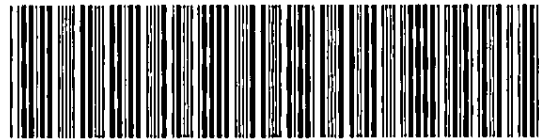
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer.

Office Use Only



300397364563

2022 NOV 17 AM 10:38

ALLIANCE

2022 NOV 17 PM 3:59

RECEIVED

S. ROBERTS

NOV 17 2022

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

Please use funds from this account: 120210000160 Amount: \_\_\$\_\_\$160.00\_\_

Authorization Signature: 

\_\_\_\_ PBPBK 2, LLC \_\_\_\_\_

Business

Document #

\_\_\_\_ Walk in  
\_\_\_\_ Pick up time \_\_\_\_\_

\_\_\_\_ Mail out

\_\_\_\_ Will wait

\_\_\_\_ Photocopy

**X** **Certified Copy of Articles of Organization**

**X** **Certificate of Status**

**NEW FILINGS**

\_\_\_\_ Profit  
\_\_\_\_ Not for Profit  
\_\_\_\_ Limited Liability  
\_\_\_\_ Domestication  
\_\_\_\_ LLLP  
\_\_\_\_ **CORP**

**AMMENDMENTS**

\_\_\_\_ Amendment  
\_\_\_\_ Resignation of R.A. Officer/Director  
\_\_\_\_ Change of Registered Agent  
\_\_\_\_ Dissolution/Withdrawal  
\_\_\_\_ Merger  
\_\_\_\_ **Conversion**  
\_\_\_\_ **AFFIDAVID BY FOREIGN CORP.**

**OTHER FILINGS**

\_\_\_\_ Annual Report  
\_\_\_\_ Fictitious Name

APOSTIL

**Country**

**REGISTRATION/QUALIFICATIONS**

**X** Foreign filing  
\_\_\_\_ Statement of Partnership  
\_\_\_\_ Reinstatement  
\_\_\_\_ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

**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

\_\_\_\_\_  
Name of Contact Person

at ( )

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.")

Delaware

92-0858764

2. (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 605.0904 & 605.0905, F.S. to determine penalty liability)

465 Orlando Avenue

465 Orlando Avenue

5. (Street Address of Principal Office)

6. (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

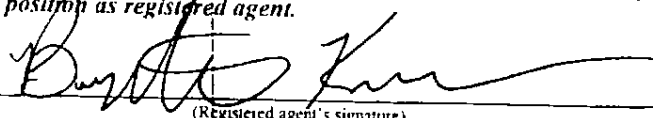
(City)

, Florida

(Zip code)

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.



(Registered agent's signature)

2012 APR 17 AM 10:38

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:  
☒ Manager Name: Brigitte Kruse  
☐ Member Address: 465 Orlando Avenue  
☒ Authorized Unit 205  
Person Maitland, Florida 32751  
☐ Other ☐ Other

☒ Manager Name: Kevin D. Fialko  
☐ Member Address: 465 Orlando Avenue  
☐ Authorized Unit 205  
Person Maitland, Florida 32751  
☐ Other ☐ Other

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

Title or Capacity: Name and Address:  
☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other ☐ Other

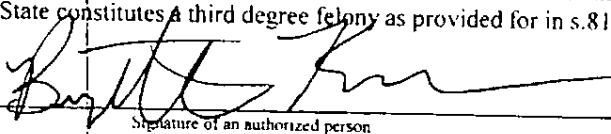
☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other ☐ Other

☐ Manager 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

The First State

Page 1

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.



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.

7107843 8300

SR# 20224018657

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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 8<sup>th</sup> day of November, A.D. 2022

By: 

Authorized Person(s)

manager

Name: KEVIN D. FIALKA

Print or Type