

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)  
Account Number : I20030000004  
Phone : (407)835-6769  
Fax Number : (407)843-4076

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

Email Address: corpmail@shutts.com

Foreign Limited Liability Company  
Pointe Grande Challenger, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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POINTE GRANDE CHALLENGER, LLC  
101 S. NEW YORK AVENUE  
UNIT 211  
WINTER PARK, FL 32789

November 30, 2022

Florida Secretary of State  
Tallahassee, Florida

RE: Consent to Use of Name


Ladies and Gentlemen:

The undersigned, as an Authorized Person of POINTE GRANDE CHALLENGER, LLC, a Florida limited liability company ("PGC Florida"), which was duly organized under the laws of the State of Florida on September 22, 2022, under Document Number L22000414458, does hereby consent to use of the name POINTE GRANDE CHALLENGER, LLC by POINTE GRANDE CHALLENGER, LLC, a Delaware limited liability company ("PGC Delaware"). to be qualified to conduct business in Florida promptly following this letter.

Please note that PGC Florida is being dissolved simultaneously with this letter and, following such dissolution, the name POINTE GRANDE CHALLENGER, LLC will cease to be used in the State of Florida. Immediately following the filing of the Articles of Dissolution of PGC Florida with the Florida Secretary of State, PGC Delaware intends to file an Application by a Foreign Limited Liability Company for Authorization to Transact Business in Florida.

Sincerely,

POINTE GRANDE CHALLENGER, LLC, a  
Florida limited liability company

By:   
Steven Campisi, Authorized Person

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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:

1. Pointe Grand Challenger, 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. SS-0671468  
(FBI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 101 S New York Ave  
(Street Address of Principal Office)

6. 101 S New York Ave  
(Mailing Address)

Suite 211

Suite 211

Winter Park, FL 32789

Winter Park, FL 32789

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

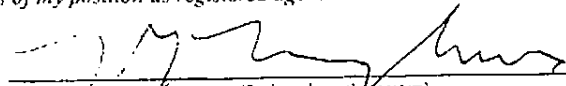
Name: Corporation Company of Orlando

Office Address: 300 S. Orange Avenue, Suite 1600 (J3S)

Orlando, Florida 32801  
(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.

  
(Registered agent's signature)

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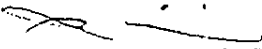
8. For initial indexing purposes, list names, title or capacity and addresses of the primary member/s/managers or persons authorized to manage (up to six (6) total):

<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>Steven Campisi</u>	<input type="checkbox"/> Manager	Name: <u>Kelly M. Mahoney</u>
<input type="checkbox"/> Member	Address: <u>101 S New York Ave</u>	<input type="checkbox"/> Member	Address: <u>1241 Tulipwood Lane</u>
<input checked="" type="checkbox"/> Authorized	<u>Suite 211</u>	<input checked="" type="checkbox"/> Authorized	<u>Athens, GA 30606</u>
Person	<u>Witner Park, FL 32789</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
<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 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

Steven Campisi, Authorized Person  
 \_\_\_\_\_  
 Typed or printed name of signer

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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "POINTE GRAND CHALLENGER, 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 "POINTE GRAND CHALLENGER, LLC" WAS FORMED ON THE ELEVENTH DAY OF FEBRUARY, A.D. 2022.

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



6612890 8300

SR# 20224019063

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

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

Authentication: 204857799

Date: 11-15-22

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