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PAGE 01/04



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I2000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** $c \propto 1$ Email Address: Foreign Limited Liability Company \mathcal{O} - Udy cinz ţ PK GLOBAL BRIDGES LLC ATT ANASSET FU Certificate of Status 1 Û. Certified Copy ω PH 5: ; u 04 Page Count \$130.00 Estimated Charge ယ္မ

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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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:

PK GLOBAL BRIDGES LLC 1

(If some triavailable, enter alternate name adopted for the purpose of transacting burness in Flo	orida, The alternate name must include "Limited Light by Comment Int. I. C. "or "I t.C.
DELAWARE 2. [Junadiction under the law of which foreign limited limitity company is argunized]	35-2712627
(and have a set of which lending having hating company is arginized)	(FEI number, if applicable)
04-01-2023	
(Date first transacted business in Florida, If prior to n (See sections 603.0904 & 603.0905, F.S. to determin	registration.)
20900 NE 30TH AVE	20900 NE 30TH AVE
tro: Address of Principal Office)	6(Mailing Address)
SUITE 200	SUITE 200
AVENTURA, FL. 33180	AVENTURA, FL. 33180

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

Name;	AVENTURA ACCOUNTING SERVICES ILC			ب ٩٩	
Office Address:	20900 NE 30TH AVE, STE 200			R - 3	,
	AVENTURA	, 33 (80		РМ	<u>ہے</u> پر آب ر یست
stered agent's accept	(City)	, Fiorida (Zip code)	• • • • • • • • • • • • • • • • • • •	ະ: ເງິ	ر مور مع

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 dutie;, and I am familiar with and accept the obligations of my position as registered agent.

	IV
· · · · · · · ·	(Registroll gent's signature)
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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]:

.Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address;	
Manager	PK:GLOGAL BRIDGE INC	ПМаладег	Name:NICOLAS VIDRET	
Member	Address: 20900 NE 30TH AVE	□Member	Address: 20900 NE 30 TH AVE	
Authorized	SUITE 200, AVENTURA, FL 33180	₿ Authorized	SUITE 200, A VENTURA, FL 33180	
Person		Person		
Other	DOther	□0ther		
DMenager	Name:	□Manager	Name:	
Member	Address:	DMember	Address:	
Authorized		Authorized		
Parson		Person		
[]Other	[]Other	ElOther	[] Other	
□Manager	Name:	□Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
🖸 Oth er	Other	Other	∏Qth er	

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 three degree felony as provided for in s.S17.155, F.S.

NV S
Signature of an authorized person
NICOLAS VIDRET
Typod or printed nancoof aignee

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PK GLOBAL BRIDGES 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 THIRD DAY OF APRIL, A.D. 2023.

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AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PK GLOBAL BRIDGES LLC" WAS FORMED ON THE SIXTEENTH DAY OF APRIL, A.D. 2021.

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



At The Art Buches & Security of Male

Authenti :ation: 203059443 Date: 04-03-23.

5847892 8300 SR# 20231260082 You may verify this certificate online at corp.delaware.gov/authver.shtml