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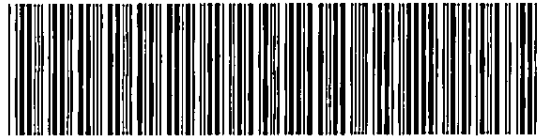
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

PCB Rose, 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:

Jamehiah Blount

Name of Person

PCB Rose, LLC

Firm/Company

10821 Red Run Blvd. Suite 935

Address

Owings Mills, MD 21117

City/State and Zip Code

accounting@thelegacyinvestmentgroup.com

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

For further information concerning this matter, please call:

Jameiah Blount

44.3

602-2249

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2023

JAMELIAH BLOUNT
10821 RED RUN BLVD STE 935
OWINGS MILLS, MD 21117

SUBJECT: PCB ROSE, LLC
Ref. Number: W23000018904

We have received your document for PCB ROSE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 623A00003355

RECEIVED

MAR 16 2023

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PCB Rose, 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. Wyoming 3. 92-1017039
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. 12/15/2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 30 N. Gould St 6. 10821 Red Run Blvd
(Street Address of Principal Office) (Mailing Address)
Suite R Suite 935
Sheridan, WY 82801 Owings Mills, MD 21117

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

Name: Vaughn Bethell
Office Address: 1720 Dana Place
Lakeland, Florida 33801
(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.

DocuSigned by
[Signature]
368 C6B8C78858416 (Registered agent'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:

☒ Manager Name: Benjamin Morgan II

☐ Member Address: 10821 Red Run Blvd

☐ Authorized Suite 935

Person Owings Mills, MD 21117

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: Vaughn Bethell

☐ Member Address: 1720 Dana Place

☐ Authorized _____

Person Lakeland, FL 33801

☐ Other _____ ☐ Other _____

☐ Manager Name: Jameliah Blount

☐ Member Address: 10821 Red Run Blvd

☒ Authorized Suite 935

Person Owings Mills, MD 21117

☐ Other _____ ☐ Other _____

☒ Manager Name: Charlie Harrison III

☐ Member Address: 500 East North Street

☒ Authorized Suite E

Person Greenville, SC 29601

☐ 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.

DocuSigned by:

Jameliah Blount

Signature of an authorized person

Jameliah Blount

Typed or printed name of signee

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

PCB ROSE LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 11, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001183333**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 2nd day of March, 2023 at 11:27 AM. This certificate is assigned ID Number 058933027.



A handwritten signature in cursive script that reads 'Chuck Gray'.

Secretary of State