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

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

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

Email Address: ngodbe@proterrapartners.com

FILED

2023 MAY 31 AM 9:21

uture:

**Foreign Limited Liability Company**  
**PF BERRY LLC**

Certificate of Status	0
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Please honor original submission date of 5/24/2023

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# 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. PE Berry 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. 92-3851680  
(Jurisdiction under the laws of which foreign limited liability company is organized) (EIN number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
 (See sections 605.004 & 605.005, F.S. to determine penalty liability)

5. 33 South Sixth Street 6. 33 South Sixth Street  
(Street Address of Principal Office) (Mailing Address)

Suite 4100 Suite 4100

Minneapolis, Minnesota Minneapolis, Minnesota

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

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 2023 MAY 31 AM 9:27  
 CLERK OF STATE  
 TALLAHASSEE, FLORIDA

## 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.

By: C T Corporation System  
Sandra Zwijack, Assistant Manager  
(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Matthew Swanson</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Richard Gammill</u>
<input type="checkbox"/> Member	Address: <u>33 South Sixth Street</u>	<input type="checkbox"/> Member	Address: <u>33 South Sixth Street</u>
<input type="checkbox"/> Authorized	<u>Suite 4100</u>	<input type="checkbox"/> Authorized	<u>Suite 4100</u>
Person	<u>Minneapolis, Minnesota 55402</u>	Person	<u>Minneapolis, Minnesota 55402</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Thomas Howell</u>	<input type="checkbox"/> Manager	Name: <u>PFFH LLC</u>
<input type="checkbox"/> Member	Address: <u>33 South Sixth Street</u>	<input type="checkbox"/> Member	Address: <u>33 South Sixth Street</u>
<input type="checkbox"/> Authorized	<u>Suite 4100</u>	<input type="checkbox"/> Authorized	<u>Suite 4100</u>
Person	<u>Minneapolis, Minnesota 55402</u>	Person	<u>Minneapolis, Minnesota 55402</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>n/a</u>	<input type="checkbox"/> Manager	Name: <u>n/a</u>
<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.

Declassified by: Matthew Swanson  
 F50CE71-08044A

Signature of an authorized person

Matthew Swanson

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PF BERRY 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 TWENTY-FOURTH DAY OF MAY, A.D. 2023.

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



7220959 8300

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 203411273