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COVER LETTER

TO: Registration Section

Na	me of Limited Liability Company
	ty Company for Authorization to Transact Business in Florida," Certifive referenced foreign limited liability company to transact business in I
eturn all correspondence concerning this matte	r to the following:
Thomas F. Hahn Jr.	
	Name of Person
Prudent Growth Partners, LLC	
.	Firm/Company
141 Providence Road, Suite 200	
· · · · · · · · · · · · · · · · · · ·	Address
Chapel Hill, NC 27514	
	City/State and Zip Code
tom@prudentgrowth.com	
E-mail address: (to	be used for future annual report notification)
her information concerning this matter, please	call:
Crystal Lepine-Arrington	919 455-5531 at ()
Name of Contact Person	at () Area Code Daytime Telephone Number
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
t ananassee, 117, 52514	Tallahassee, FL 32303
Enclosed is a check for the following amount:	

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:

PGP Wells Landing 2, (Name of Foreign	Limited Liability Company; must include "Limite	ed Liabilit	y Company	," "L.L.C.," or "LLC.")			_
finame unavailable, enter alternate i	name adopted for the purpose of transacting business in E	Torida. The	alternate nur	ne must include "Limited Liabil	ity Company,"	"L L C." or	LLC.
North Carolina (Jurisdiction under the law of which foreign limited liability company is organized)		3(FEI number, if applicable)					_
08/15/2023							
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to detern	registratio tine penalty	n.) (iability)				
141 Providence Road		6.		vidence Road			_
rect Address of Principal Office)							
Suite 200			Suite 20	0			_
Chapel Hill, NC 27514			Chapel I	Hill, NC 27514			_
Name and street address	s of Florida registered agent: (P.O. Box	NOT:	acceptabl	e)	 >-	2023 001	
Name:	Paracorp Incorporated				<u></u>	0CT -2	
Office Address:	155 Office Plaza Drive, 1st Floor					PH 12:	
2	Tallahassee			32301 Florida		12: 28	
	(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.



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: Thomas F. Hahn Jr. Cordelia Hogan Name: Name: □Manager □Manager 141 Providence Road 141 Providence Road □ Member Address: ☐ Member Address: Suite 200 Suite 200 Authorized Authorized Chapel Hill, NC 27514 Chapel Hill, NC 27514 Person Person Other____ □ Other Other Other Crystal Lepine-Arrington □Manager Name: □Manager Name: _____ 141 Providence Road □Member Address: ______ □Member Suite 200 **■** Authorized □ Authorized Chapel Hill, NC 27514 Person Person ☐ Other _______ □Other____ ☐Other____ □Other_____ Name: □ Manager □ Manager Name: □ Member Address: □Member Address: ☐ Authorized □ Authorized Person Person Other____ Other___ □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.

Cordelia L Flogan

Typed or printed name of signee



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

PGP WELLS LANDING 2, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 16th day of August, 2023

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 26th day of September, 2023.

Elaine I Marshall

Secretary of State