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From:

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

Email Address: lcaicchi@kfkgroup.com

**Foreign Limited Liability Company
PPE PROPERTIES OF FLORIDA, L.L.C.**

Certificate of Status	0
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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. PPE PROPERTIES, L.L.C.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

PPE PROPERTIES OF FLORIDA, L.L.C.

(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.")

LOUISIANA

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. 05-0550838

(FEI number, if applicable)

4. August 21, 2023

(Date first transacted business in Florida. If prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)5. 1201 CANAL STREET
(Street Address of Principal Office)6. 1201 CANAL STREET
(Mailing Address)

UNIT C-2

UNIT C-2

NEW ORLEANS, LA 70112

NEW ORLEANS, LA 70112

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

Name: MATTHEW C. HOFFMAN

Office Address: 151 W Main Street, Suite 200

Pensacola

(City)

, Florida

32502

(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)

Matthew C. Hoffman

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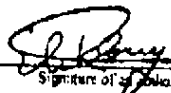
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>ELIE KHOURY</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>1201 CANAL STREET</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>UNIT C-2</u>	<input type="checkbox"/> Authorized	_____
Person	<u>NEW ORLEANS, LA 70112</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>LEE CUICCHI</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1201 CANAL STREET</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>UNIT C-2</u>	<input type="checkbox"/> Authorized	_____
Person	<u>NEW ORLEANS, LA 70112</u>	Person	_____
<input checked="" type="checkbox"/> Other <u>COO</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>GARY POTTER</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1201 CANAL STREET</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>UNIT C-2</u>	<input type="checkbox"/> Authorized	_____
Person	<u>NEW ORLEANS, LA 70112</u>	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 authorized person

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Elie Khoury, Member

Typed or printed name of signer

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R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that
the Articles of Organization of

PPE PROPERTIES, L.L.C.

Domiciled at NEW ORLEANS, LOUISIANA,

Were filed in this Office and a Certificate of Organization was Issued on April 07, 2004,

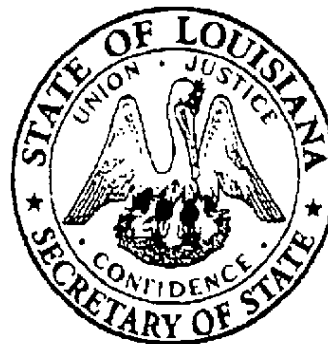
I further certify that no Certificate of Dissolution or Termination has been Issued.

In testimony whereof, I have hereunto set my
hand and caused the Seal of my Office to be
affixed at the City of Baton Rouge on,

December 7, 2023

Secretary of State

Web 35681934K



Certificate ID: 11815916#6QK73

To validate this certificate, visit the following web site,
go to **Business Services**, Search for **Louisiana**
Business Filings, **Validate a Certificate**, then follow
the instructions displayed.
www.sos.la.gov

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