

M24000003030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

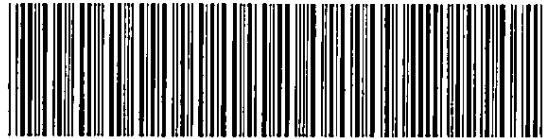
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 MAR -8 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 MAR -8 AM 10:53

NOTED
FILED

MAR 11 2024

K. Brumbley

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 3/8

CERTIFIED COPY

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FOREIGN LLC

1. PCB PARTNERS II, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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:

1. PCB Partners II, 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. Louisiana

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

3.

(FEE number, if applicable)

4.

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

2390 Tower Drive

5. (Street Address of Principal Office)

Monroe, LA 71201

2390 Tower Drive

6. (Mailing Address)

Monroe, LA 71201

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

Name:

Registered Agent Solutions, Inc.

Office Address:

2894 Remington Green Ln., Ste. A

Tallahassee

(City)

Florida

32308

(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.

Ryan DeAnda Ryan DeAnda, Asst Sec.
(Registered agent's signature)

2024 MAR -8 AM 10:53

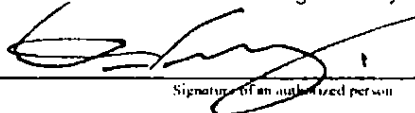
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Dewey F. Weaver, Jr.</u>	<input type="checkbox"/> Manager	Name: <u>Patrick Spencer</u>
<input checked="" type="checkbox"/> Member	Address: <u>2390 Tower Drive</u>	<input checked="" type="checkbox"/> Member	Address: <u>2390 Tower Drive</u>
<input type="checkbox"/> Authorized	<u>Monroe, LA 71201</u>	<input type="checkbox"/> Authorized	<u>Monroe, LA 71201</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Colby Interests, LLC</u>	<input type="checkbox"/> Manager	Name: <u>Graham Interests, LLC</u>
<input checked="" type="checkbox"/> Member	Address: <u>2390 Tower Drive</u>	<input checked="" type="checkbox"/> Member	Address: <u>2390 Tower Drive</u>
<input type="checkbox"/> Authorized	<u>Monroe, LA 71201</u>	<input type="checkbox"/> Authorized	<u>Monroe, LA 71201</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Lydia Interests, LLC</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>2390 Tower Drive</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Monroe, LA 71201</u>	<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)

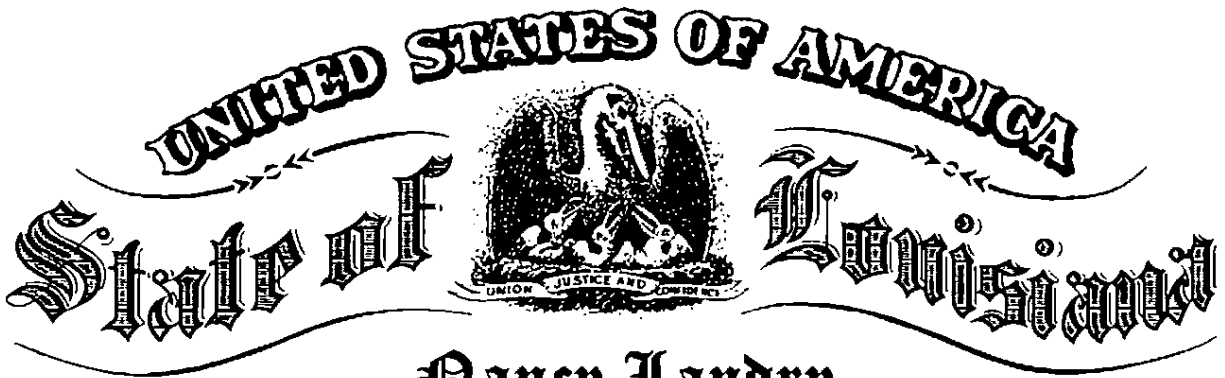
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Dewey F. Weaver, Jr.

Typed or printed name of signer



Nancy Landry
SECRETARY OF STATE

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

PCB PARTNERS II, LLC

A limited liability company domiciled in MONROE, LOUISIANA,

Filed charter and qualified to do business in this State on May 15, 2023,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

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,

March 8, 2024

Nancy Landry

Secretary of State

Web 45410294K



Certificate ID: 11854847#83P83

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