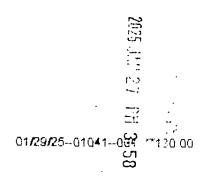
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#### COVER LETTER

то;	Registration Section Division of Corporations				
SUBJEC	PGP SouthGate Centre 2, LLC				
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ne of Limited Liability Company			
		Company for Authorization to Transact Business in Florida." Certificate of referenced foreign limited liability company to transact business in Florida			
Picase re	turn all correspondence concerning this matter	to the following:			
	Thomas Hahn				
	<del></del> ,	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 b	oc used for future annual report notification)			
For furth	er information concerning this matter, please ca	all:			
Thomas Hahn		919 280-5641			
	Name of Contact Person	at () Area Code Daytime Telephone Number			
Mailing Address:		Street Address:			
Registration Section		Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			
	Fartanassee, F12 J2514	Tallahassee, FL 32303			
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEI  ☐ \$125,00 Filing Fee ☐ \$130,00 Filing Fe				

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

IN COMPLIANCE WITH SECTION 605 0202, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN TLIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. PGP SouthGate Centre				
(Name of Foreign	Limited Liability Company, must include "Limited	d Frability Company," "	LLC ." 6: "ELC "}	
(If naroe unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	ionda. The alternate name n	nust include "Limited Liability Compa	ny." "t. L. C," or "t ( C ")
North Carolina		3.		
2. (Jurisdiction under the law of which foreign limited liability company is organized)		3(FFI number, if applicable)		
4	Date that name good becomes in Hards if never to	iront than		
	(Date first transacted business in Florida, if prior to (See sections 605 0593 & 605 0505, US to determi			
141 Providence Road 5.	<del></del>		Addiest	
(Street Address of Principal Office)		(Mading	Addicest	2025
State 200		Suite 200		
Chapel Hill, NC 27514		Chapel Hil	I. NC 27514	<u> </u>
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)		
Name:	Paracorp Incorporated			 ഗ്വ ഗ
Office Address:	155 Office Plaza Drive, 1st Floor			
	Tallahassee	, Fle	32301 orida	
	(Cay)		(Zip codo)	

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.

Ast Secretary
(Registered agent's signature)

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:
□Manager	Name: Cordelia Zerega	□Manager	Name: Thomas Hahn
☐ Member	Address: 141 Providence Road	□Member	Address: [41] Providence Road
<b>≘</b> Authorized	Suite 200	■Authorized	Suite 200
Person	Chapel Hill, NC 27514	Person	Chapel Hill, NC 27514
□Other	□Other	□Other	□ Other
□Manager	Name: Franklin McGowan	□Manager	Name:
□Member	Address: 141 Providence Road	□Member	Address:
■Authorized	Suite 200	□Authorized	
Person	Chapel Hill, NC 27514	Person	
□Other	[iOther	□Other	
□Manager	Name:	∐Manager	Name:
⊇Member	Address:	□Member	Address:
□Authorized		□ Authorized	
Person	<del></del>	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 I. H Zerega

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 SOUTHGATE CENTRE 2, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 23rd day of January, 2025

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 23rd day of January, 2025.

Secretary of State

Elaine I Marshall

Certification# 121904050-1 Reference# 22213937-ACH Page: 1 of 1 Verify this certificate online at https://www.sosne.gov/verification