

M21000005464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

w21-62259

Office Use Only



400365657094

RECEIVED  
2021 MAY -5 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

APPROVED  
AND  
FILED  
2021 MAY -5 AM 9:56  
TALLAHASSEE, FL 32301

MAY 07 2021

X Brimbley

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301

850.656.7956

Fax: \*850.656.7953

www.incserv.com

e-mail: accounting@incserv.com

incserv

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 5/5/2021

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 914338

**ORDER ENTITY**

PUHOLDCO 2 LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**PUHOLDCO 2 LLC (FL)**

File the attached foreign qualification document

**NOTES:**

\$125.00 Authorized

Email address for annual report reminders: radiv@incserv.com

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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. PU HoldCo 2 LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company", "LLC" or "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", "LLC" or "L.L.C.")

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

3. 51121  
(Date first transacted business in Florida, if prior to registration. (See sections 605.001 & 605.002, F.S. to determine penalty liability.)

5. 6010-A Sandy Springs Circle  
(Street Address of Principal Office)  
  
Atlanta, GA 30328

6. 6010-A Sandy Springs Circle  
(Mailing Address)  
  
Atlanta, GA 30328

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

Name: Incorporating Services, Ltd.  
Office Address: 1540 Glenway Drive  
Tallahassee, Florida 32301

APPROVED AND FILED  
2021 MAY -5 AM 9:56

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.

Melissa A. Moreau  
(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]:

| <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: Max Feidelson               | <input checked="" type="checkbox"/> Manager | Name: Tyler Deane-Krantz              |
| <input type="checkbox"/> Member             | Address: 675 Ponce De Leon Ave NE | <input type="checkbox"/> Member             | Address: 841 Inman Village Parkway NE |
| <input type="checkbox"/> Authorized Person  | Apt e516<br>Atlanta, GA 30308     | <input type="checkbox"/> Authorized Person  | Atlanta, GA 30307                     |
| <input type="checkbox"/> Other              | <input type="checkbox"/> Other    | <input type="checkbox"/> Other              | <input type="checkbox"/> Other        |
| <input type="checkbox"/> Manager            | Name: _____                       | <input type="checkbox"/> Manager            | Name: _____                           |
| <input type="checkbox"/> Member             | Address: _____                    | <input type="checkbox"/> Member             | Address: _____                        |
| <input type="checkbox"/> Authorized Person  | _____                             | <input type="checkbox"/> Authorized Person  | _____                                 |
| <input type="checkbox"/> Other              | <input type="checkbox"/> Other    | <input type="checkbox"/> Other              | <input type="checkbox"/> Other        |
| <input type="checkbox"/> Manager            | Name: _____                       | <input type="checkbox"/> Manager            | Name: _____                           |
| <input type="checkbox"/> Member             | Address: _____                    | <input type="checkbox"/> Member             | Address: _____                        |
| <input type="checkbox"/> Authorized Person  | _____                             | <input type="checkbox"/> Authorized 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

Max Feidelson

Typed or printed name of signer

# Delaware

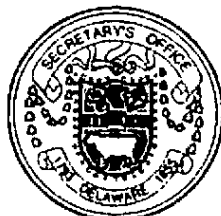
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PU HOLDCO 2 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 FIFTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PU HOLDCO 2 LLC" WAS FORMED ON THE EIGHTEENTH DAY OF MARCH, A.D. 2021.

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



  
Jeffrey W. Bullock, Secretary of State

5567394 8300

SR# 20211598399

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203129105

Date: 05-05-21