

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SHERYL SECKEL HUNTER PA
Account Number : I20200000028
Phone : (813)867-2640
Fax Number : (813)867-2641

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

Email Address: AnnualReports@hunterbusinesslaw.com

**FOREIGN PROFIT/NONPROFIT CORPORATION
PROFESSIONAL CREDENTIALS EXCHANGE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2021 AUG 25 PM 1:03

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2021 AUG 25 PM 2:11

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SBF
8/26/21

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROFESSIONAL CREDENTIALS EXCHANGE, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Katelyn Dougherty

Name of Person

Hunter Business Law

Firm/Company

119 S. Dakota Avenue

Address

Tampa, FL 33606

City/State and Zip code

annualreports@hunterbusinesslaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katelyn Dougherty

at (813) 867-2640

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

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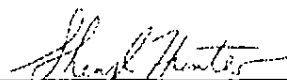
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. PROFESSIONAL CREDENTIALS EXCHANGE, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
2. DELAWARE
(State or country under the law of which it is incorporated)
3. 87-1489022
(FEI number, if applicable)
4. 2/9/2018
(Date of incorporation)
5. _____
(Date of duration, if other than perpetual)
6. 7/1/2021
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 802 E. WHITING STREET, TAMPA, FL 33602
(Principal office street address)
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: HUNTER BUSINESS LAW
Office Address: 119 S. DAKOTA AVENUE
TAMPA, Florida 33606
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total];
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A. DIRECTORS

☐ Chairman Name: Anthony Begando

☐ Vice Chairman Address: 802 E Whiting Street

☒ Director TAMPA, FL 33602

☒ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☒ Other CEO

☐ Chairman Name: Jeff Pate

☐ Vice Chairman Address: 100 Bluegrass Circle

☒ Director Hendersonville, TN 37075

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Devin Carty

☐ Vice Chairman Address: 40 Burton Hills Blvd, Suite 100

☒ Director Nashville, TN 37215

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

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☐ Chairman Name: Les Wilkinson

☐ Vice Chairman Address: 802 E Whiting Street

☒ Director Tampa, FL 33602

☐ President _____

☐ Vice President _____

☒ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Christian Rische

☐ Vice Chairman Address: 545 Michigan Street NE

☒ Director Grand Rapids, MI 49503

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ 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.

12. Anthony B. Begando _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Anthony Begando, Director & CEO/President _____
(Typed or printed name and capacity of person signing application)

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROFESSIONAL CREDENTIALS EXCHANGE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROFESSIONAL CREDENTIALS EXCHANGE, INC." WAS INCORPORATED ON THE NINTH DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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SR# 20213074751

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Jeffrey W. Bullock, Secretary of State

Authentication: 204003771

Date: 08-25-21

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