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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

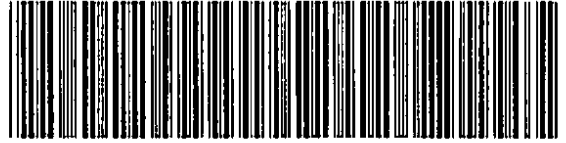
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRS Management, 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:

Hayley Reeder

Name of Person

Pacific Retirement Services, Inc.

Firm/Company

1 West Main Street, Suite 303

Address

Medford, OR 97501

City/State and Zip code

hreeder@retirement.org

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

For further information concerning this matter, please call:

Hayley Reeder

Name of Person

at (541) 857-7266

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

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. PRS Management, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

PRS Florida Management, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Oregon, USA 3. 93-1328250
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/21/2001 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 132 NE 7th Avenue, Delray Beach, FL 33483
(Principal office street address)

1 West Main Street, Suite 303, Medford, OR 97501
(Current mailing address, if different)

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

Name: Registered Agents Inc.

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702
(City) (Zip code)

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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.

Bill Hume

(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]:

A. DIRECTORS

Chairman Name: See Attachment A

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

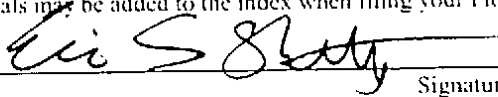
President _____

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.  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. Eric Sholty, Chief Executive Officer
(Typed or printed name and capacity of person signing application)

Attachment A - Primary Officers and Board of Directors

Name	Position	Address
Eric Sholty	Chief Executive Officer	1 West Main Street, Suite 303 Medford, OR 97501
Mary Schoeggl	Chief Financial Officer	1 West Main Street, Suite 303 Medford, OR 97501
Larry Boeck	Chairman	1 West Main Street, Suite 303 Medford, OR 97501
Lynn Johnson	Vice Chairman	1 West Main Street, Suite 303 Medford, OR 97501
Doug Spani	Secretary	1 West Main Street, Suite 303 Medford, OR 97501
Doug Schmor	Assistant Secretary	1 West Main Street, Suite 303 Medford, OR 97501
Doug Wilson	Treasurer	1 West Main Street, Suite 303 Medford, OR 97501
Bob Kerr	Director	1 West Main Street, Suite 303 Medford, OR 97501
Bob Mayers	Director	1 West Main Street, Suite 303 Medford, OR 97501
Bill Van Vactor	Director	1 West Main Street, Suite 303 Medford, OR 97501
Tiff Wood	Director	1 West Main Street, Suite 303 Medford, OR 97501
Sue Center	Director	1 West Main Street, Suite 303 Medford, OR 97501
Carol Fischer	Director	1 West Main Street, Suite 303 Medford, OR 97501
Roy Vinyard	Director	1 West Main Street, Suite 303 Medford, OR 97501
Jeri Reno	Director	1 West Main Street, Suite 303 Medford, OR 97501

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 505E991Y3

I, SHEMIA FAGAN, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

PRS MANAGEMENT, INC.

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.



A handwritten signature in black ink, appearing to read "Shemia Fagan".

SHEMIA FAGAN, SECRETARY OF STATE

5/27/2022