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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

13311-1
JMC/BRD

From:
Account Name : NORTON, HAMMERSLEY, LOPEZ & SKOKOS, P.A.
Account Number : I20010000202
Phone : (941)954-4691
Fax Number : (941)954-2128

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

Email Address: corporation@nhlslaw.com

**Foreign Limited Liability Company
PSHF MANAGER, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

2010 MAY 16 PM 4:37
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TALLAHASSEE, FLORIDA
STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PSHF MANAGER, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

John M. Compton or Sarah R. Davis

Name of Person

Norton, Hammersley, Lopez, & Skokos, P.A.

Firm/Company

1819 Main Street, Suite 610

Address

Sarasota, Florida 34236

City/State and Zip Code

corporation@nhlslaw.com

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

2019 MAY 16 PM 4:37
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TALLAHASSEE, FLORIDA
DIVISION OF STATE

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For further information concerning this matter, please call:

Sarah R. Davis

941

954-4691

Name of Contact Person

at ()

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**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. PSHF MANAGER, LLC

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

2. DELAWARE

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

3. 83-4614423

(FEI number, if applicable)

4. MAY 16, 2019(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0901 & 605.0903, F.S. to determine penalty liability)5. 8000 HAWKINS ROAD

(Street Address of Principal Office)

SARASOTA, FL 342416. 8000 HAWKINS ROAD

(Mailing Address)

SARASOTA, FL 342417. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: JOHN M. COMPTONOffice Address: 1819 MAIN STREET, SUITE 610SARASOTA

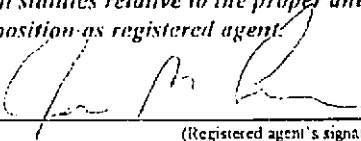
(City)

34236, Florida

(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.


(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:**

☒ Manager Name: LARRY BAUCOM

☐ Member Address: 8000 HAWKINS ROAD

☐ Authorized SARASOTA, FL 34241

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

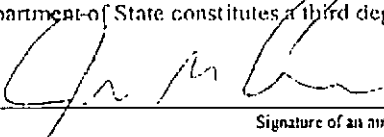
Person _____

☐ 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 605.02(3)(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

JOHN M. COMPTON, authorized representative

 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 "PSHF MANAGER 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 TWENTY-FOURTH DAY OF APRIL, A.D. 2019.

FILED
2019 MAY 16 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



7369850 8300

SR# 20193135952

You may verify this certificate online at corp.delaware.gov/authver.shtml

A 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.

Jeffrey W. Bullock, Secretary of State

Authentication: 202705151

Date: 04-24-19

State of Delaware
Secretary of State
Division of Corporations
Delivered: 02:46 PM 04/24/2019
FILED: 02:46 PM 04/24/2019

SR 20193135952 - File Number 7369850

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: BSHF Manager LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

1. The name of the limited liability company is PSHF Manager LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 23rd day of April, A.D. 2019.

By: Christopher J. Fowler
Authorized Person(s)

Name: Christopher J. Fowler

Print or Type