

119000006041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

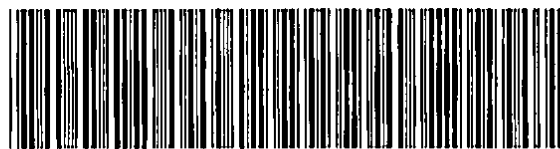
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 19 A 11:34
CLERK

D SCOTT
JUN 21 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2019

P&C HOLDINGS INC.
14371 ISLAND COVE DR
ORLANDO, FL 32824

SUBJECT: BEACON MERCHANT SERVICES LLC
Ref. Number: W19000042611

We have received your document for BEACON MERCHANT SERVICES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page missing.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 119A00011341

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JUN 19 2019

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

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

3. 83-4013269
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 14371 Island Cove Drive
(Street Address of Principal Office)

6. 14371 Island Cove Drive
(Mailing Address)

Orlando, FL 32824

Orlando, FL 32824

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


Name: Gregory Clayton

Office Address: 17961 Islamorada Drive

Orlando . Florida 32837
(City) (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)

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F.L.C.

8. For initial indexing purposes, list names, title or capacity and addresses of the members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	P2C Holdings		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	14371 Island Cove Drive		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Orlando, FL 32824		<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Paul Clayton		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	14371 Island Cove Dr.		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Orlando, FL 32824		<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Cierra Anderson-Clayton		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	14371 Island Cove Dr.		<input type="checkbox"/> Member	Address:		
<input checked="" type="checkbox"/> Authorized		Orlando, FL 32824		<input type="checkbox"/> Authorized			
Person				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.

Paul Clayton
Signature of an authorized person

Paul Clayton
Typed or printed name of signee

Delaware


The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BEACON MERCHANT SERVICES 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-FIRST DAY OF MAY, A.D. 2019.

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2019 JUN 19 A M 3:11




Jeffrey W. Bullock, Secretary of State

7309794 8300

SR# 20194173458

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

Authentication: 202862268

Date: 05-21-19