

M20000005679

(Requestor's Name)

(Address)

(Address)

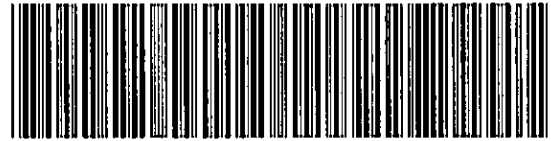
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



200344934272

06/05/20--01012--014 **70.00

06/25/20 01000 010 **51.20

Special Instructions to Filing Officer:

6/23 Received corrected paper +
money Application

6/24 WDC

W2 — 58569

Office Use Only

20
06/05/20 01000 010
06/25/20 01000 010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PBS Services 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:

Chad D. Parsons
Name of Person
PBS Services LLC
Firm/Company
1536 E Fourth St
Address
Dayton/OH 45403
City/State and Zip Code
chadp@pbsservices.net
E-mail address: (to be used for future annual report notification)

20
11
23
AM
4:46

For further information concerning this matter, please call:

Chad D. Parsons at (513) 205-9138
Name of Contact Person Area Code Daytime Telephone Number

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

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

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

PBS Services Florida 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. Ohio
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-1664019
(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. 1536 E Fourth St
(Street Address of Principal Office)

6. 1536 E Fourth St
(Mailing Address)

Dayton, OH 45403

Dayton, OH 45403

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

Name: Douglas Parsons

Office Address: 2875 N Hwy A1A Unit 601

Indialantic, Florida 32903
(City) (Zip code)

FILED
20 JUN 23 AM 4:46

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]:

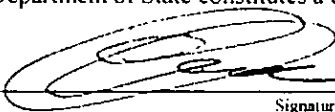
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Chad D. Parsons	<input checked="" type="checkbox"/> Manager	Name: Douglas C. Parsons
<input type="checkbox"/> Member	Address: 1536 E Fourth St	<input type="checkbox"/> Member	Address: 2875 N Hwy A1A
<input type="checkbox"/> Authorized Person	Dayton, OH 45403	<input type="checkbox"/> Authorized Person	Unit 601 Indialantic, FL 32903
<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 _____

20
 JUL 23 AM 4:46
 FILED

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

Chad Douglas Parsons

Typed or printed name of signee

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show PBS SERVICES LLC, an Ohio For Profit Limited Liability Company, Registration Number 2324583, was organized within the State of Ohio on September 4, 2014, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 13th day of May, A.D. 2020.

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202013403716



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 29, 2020

CHAD D PARSONS
PBS SERVICES LLC
1536 E 4TH ST
DAYTON, OH 45403 US

SUBJECT: PBS SERVICES FLORIDA LLC
Ref. Number: W20000052643

We have received your document for PBS SERVICES FLORIDA LLC and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$51.25.

The form you submitted is for a Foreign Corporation, but your entity is a Foreign Limited Liability Company. Please complete and return the enclosed blank form(s).

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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

Laura D Chang
Regulatory Specialist II

Letter Number: 920A00010727

*4/23 Received correct App +
Additional money, LLC*

2020 JUN 23 PM 12:14