

N20000006873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

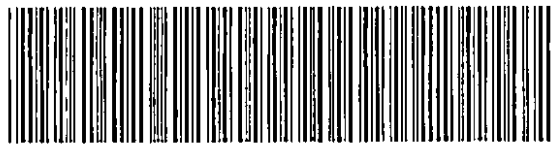
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
2020 AUG -7 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 AUG -7 PM 2:51
FILED
TALLAHASSEE, FLORIDA

US
8/10/20

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

Account Number FCA000000017

Date: 8-7-20

Requestor Name: Carlton Fields

Address: Post Office Drawer 190
Tallahassee, Florida 32302

Telephone: (850) 513-3619 - direct
(850) 224-1585

Contact Name: Kim Pullen, CP, FRP

AUTHORIZED AMOUNT TO
DEDUCT FROM ACCOUNT

\$ 160.00

Corporation Name: Preferred Settlement Manager, L

Email Address: Minfanti@nhlslaw.com

Entity Number:

Authorization:

Kim Pullen

FILED
20 AUG - 7 PM 4:11
TALLAHASSEE, FLORIDA

☒ Certified Copy

☒ New Filings

☐ Fictitious Name

☐ Plain Stamped Copy

☐ Amendments

☒ Certificate of Status

☐ Annual Report

☐ Registration

(X) Call When Ready

(X) Walk In

(X) Call if Problem

() Will Wait

() After 4:30

(X) Pick Up

CF Internal Use Only

Client: 15499 Matter: 46174

Name: D. Mackey Office: TPA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH THE PROVISIONS OF FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO THE OFFICE OF THE
COMMISSIONER OF INSURANCE, STATE OF FLORIDA

1. Preferred Settlement Manager, LLC, a Delaware limited liability company

2. Delaware

3. Applied For

4. N/A

5. 15 Paradise Avenue
Street Address (City, State, ZIP Code)

Suite 196

Sarasota, FL 34239

6. 15 Paradise Avenue
Street Address (City, State, ZIP Code)

Suite 196

Sarasota, FL 34239

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

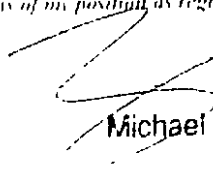
Name Michael Infanti, Esquire

Office Address 15 Paradise Plaza, Suite 196

Sarasota Florida 34239

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.


Michael P. Infanti

FILED
2020 AUG -7 PM 4:41
OFFICE OF THE
COMMISSIONER OF
INSURANCE
TALLAHASSEE, FLORIDA

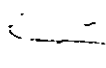
8. For initial indexing purposes, list names, title, capacity and address of the persons who own, control, manage or manage (up to six (6) total).

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
Manager	Name: <u>Michael Infanti</u>	Manager	Name: _____
Member	Address: <u>15 Paradise Plaza, Suite 190</u> <u>Sarasota, FL 34239</u>	Member	Address: _____
Authorized	_____	Authorized	_____
Person	_____	Person	_____
Other	Other: _____	Other	Other: _____
Manager	Name: _____	Manager	Name: _____
Member	Address: _____	Member	Address: _____
Authorized	_____	Authorized	_____
Person	_____	Person	_____
Other	Other: _____	Other	Other: _____
Manager	Name: _____	Manager	Name: _____
Member	Address: _____	Member	Address: _____
Authorized	_____	Authorized	_____
Person	_____	Person	_____
Other	Other: _____	Other	Other: _____

Important Notice: Use an attachment to report more than six (6). The attachment will be indexed 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 and a copy of the translation must be submitted.)

10. This document is executed in accordance with section 608.02(3) of the 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. 817.03(1)(8).

 Signature of an authorized person

Michael P. Infanti
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 "PREFERRED SETTLEMENT 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 SIXTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PREFERRED SETTLEMENT MANAGER, LLC" WAS FORMED ON THE FIFTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

20 AUG - 7 PM 16:41
1-11-20



3383424 8300

SR# 20206612462

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203419606

Date: 08-06-20