M20000068874

(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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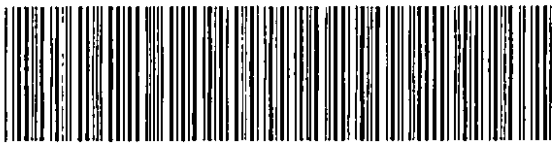

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

YS
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 Services, LLC

Email Address: Minfanti@nhlslaw.com

Entity Number:

Authorization: Kim Pullen

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TALLAHASSEE, FLORIDA

X Certified Copy		X Certificate of Status
X New Filings	____ Plain Stamped Copy	____ Annual Report
____ Fictitious Name	____ Amendments	____ Registration

(X) Call When Ready	(X) Call if Problem	( ) After 4:30
(X) Walk In	( ) Will Wait	(X) Pick Up

CF Internal Use Only

Client 15499 Matter: 46174

Name D. Mackey Office: TPA

9501656-4

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE UNDERSIGNED FOREIGN LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING APPLICATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Preferred Settlement Services, a Delaware limited liability company

2. Delaware

3. Applied For

4. N/A

5. 15 Paradise Avenue
Suite 196
Sarasota, FL 34239

6. 15 Paradise Avenue
Suite 196
Sarasota, FL 34239

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TALLAHASSEE, FLORIDA

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

220735

8. For initial reporting purposes, list names, title or capacity and address of up to [illegible] managers, managing partners or authorized persons.

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☒ Manager	Name: Preferred Settlement Manager, LLC	☐ Manager	Name:
☐ Member	Address: 15 Paradise Plaza, Suite 190	☐ Member	Address:
	Sarasota, FL 34239		
☐ Authorized Person		☐ Authorized Person	
☐ Other		☐ Other	
☐ Manager	Name:	☐ Manager	Name:
☐ Member	Address:	☐ Member	Address:
☐ Authorized Person		☐ Authorized Person	
☐ Other		☐ Other	
☐ Manager	Name:	☐ Manager	Name:
☐ Member	Address:	☐ Member	Address:
☐ Authorized Person		☐ 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 record 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.

Preferred Settlement Manager, LLC

By: _____
Signature of an authorized person

Michael P. Iglanis, as its Manager

2020 AUG -7 PM 4:41

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PREFERRED SETTLEMENT 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 SIXTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PREFERRED SETTLEMENT SERVICES, 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.

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2020 AUG -7 PM 4:41

Jeffrey W. Bullock, Secretary of State

3383404 8300
SR# 20206612329

Authentication: 203419601
Date: 08-06-20

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