

M20000011115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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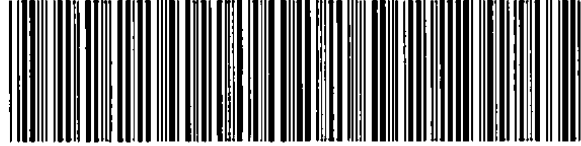
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TALLAHASSEE, FLORIDA

DEC - 4 2020

K. Brumpley



COGENCYGLOBAL

115 N. CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 12/04/2020

Name: Merritt Walker

Reference #: 1297767

Entity Name: PSN-FL INVESTCO, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$125

Signature: *mw*

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. PSN-FL Invesco, LLC  
(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. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-0720350  
(FEI number, if applicable)

4. 03/26/2020  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 4090 Mapleshade Lane, Suite 220  
(Street Address of Principal Office)

6. 4090 Mapleshade Lane, Suite 220  
(Mailing Address)

Plano, TX 75093  
Plano, TX 75093

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

Name: Cogency Global Inc.

Office Address: 115 N. Calhoun Street, Suite 4

Tallahassee, Florida 32301  
(City) (Zip code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Meritt Walker, Asst. Secretary  
(Registered agent's signature)

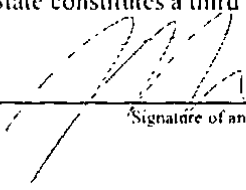
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Jordan Fowler</u>	<input type="checkbox"/> Manager	Name: <u>Ryan King</u>
<input type="checkbox"/> Member	Address: <u>4090 Mapleshade Ln., #220</u>	<input type="checkbox"/> Member	Address: <u>4090 Mapleshade Ln., #220</u>
<input type="checkbox"/> Authorized	<u>Plano, TX 75093</u>	<input type="checkbox"/> Authorized	<u>Plano, TX 75093</u>
Person	<u></u>	Person	<u></u>
<input checked="" type="checkbox"/> Other <u>Pres. &amp; CEO</u>	<input type="checkbox"/> Other <u></u>	<input checked="" type="checkbox"/> Other <u>VP/CFO</u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u>Dan Plummer</u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u>4090 Mapleshade Ln., #220</u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u>Plano, TX 75093</u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-  
ed individuals may be added to the index when filing your Florida Department of State Annual Report form.

ached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the  
ction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath  
translator must be submitted)

is document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information  
ted 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  
Jeffrey M. Peterson  
\_\_\_\_\_  
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 "PSN-FL INVESCO, 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 THIRD DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PSN-FL INVESCO, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF MARCH, A.D. 2020.

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

7914516 8300

SR# 20208554253

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204225884

Date: 12-03-20