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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: May 11, 2021

ORDER TIME : 9:08 AM

ORDER NO. : 808330-005

CUSTOMER NO: 4371937

FOREIGN FILINGS

NAME: PEOPLESHARE PROFESSIONAL, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER: ____

COVER LETTER

	istration Section ision of Corporations	
SUBJECT:	PeopleShare Professional, LLC	
SUBJECT	Name	e of Limited Liability Company
The enclosed Existence, an	"Application by Foreign Limited Liability C d check are submitted to register the above r	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
Please return	all correspondence concerning this matter to	o the following:
	Michelsa Calderon	
		Name of Person
	c/o Trivest Partners	
		Firm/Company
	550 S. Dixie Highway, Suite 300	
		Address
	Coral Gables, FL 33146	
	C	ity/State and Zip Code
	mcalderon@trivest.com	
	E-mail address: (to be	used for future annual report notification)
For further in	nformation concerning this matter, please cal	n:
Mic	chelsa Calderon	305 978-1624 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
Reg Div P.C	iling Address: gistration Section vision of Corporations D. Box 6327 lahassee, 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

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

IN COMPLANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

(Limited Liability Company: must include "Limited	Liability Company," "L.L.C.," or "El	.,C.")	
It name unavailable, enter afternate i	same adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Lin	nited Liability Company," "L.L.C," or "LL	
Delaware		38-3985076		
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)		
4				
·	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605,0905, F.S. to determine	gistration.) penalty liability)		
100 Springhouse Drive		550 S. Dixie Highway		
Street Address of Principal Office)	<u> </u>	6. (Mailing Address)		
Suite 200		Suite 300		
Collegeville, PA 19426		Coral Gables, FL 33146		
7. Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)	200	
			777 224 254	
Name:	Corporation Service Company			
	1201 Hays Street		1000 C	
Office Address:				

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.

00 /

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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name:	■Manager	Name:
□Member	Address:	□Member	Address: 550 S. Dixie Hwy #300
□Authorized	Collegeville, PA 19426	□Authorized	Coral Gables, FL 33146
Person		Person	
Other	Other	□ Other	Other
≣Manager	Name:	■Manager	Name: Stephen Reynolds
□Member	Address: 100 Springhouse Dr. #200	□Member	Address: 550 S. Dixie Hwy #300
□Authorized	Collegeville, PA 19426	□Authorized	Coral Gables. FL 33146
Person		Person	
□Other	Other	□Other	□ Other
■Manager	Name:	□Manager	Name: Byron Solvason
□Member	Address: 550 S. Dixie Hwy #300	□Member	Address: 100 Springhouse Dr. #200
□Authorized	Coral Gables, FL 33146	□Authorized	Collegeville, PA 19426
Person		Person	
□Other	Other	■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 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

David Gershman, Manager

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PEOPLESHARE PROFESSIONAL, 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 ELEVENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PEOPLESHARE PROFESSIONAL, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2015.

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

Authentication: 203178227

Date: 05-11-21