

M21000006236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

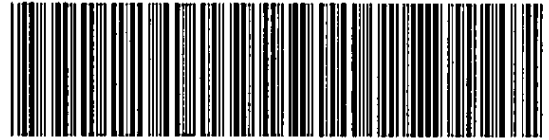
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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5/22/21

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Freeman Lovell, PLLC**

\_\_\_\_\_  
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:

\_\_\_\_\_  
Ryan Freeman

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Freeman Lovell, PLLC

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
9980 S 300 W, STE 200

\_\_\_\_\_  
Address

\_\_\_\_\_  
Sandy, UT 84070

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
info@freemanlovell.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Ryan Freeman

\_\_\_\_\_  
Name of Contact Person

at ( 385 ) 355-2616

\_\_\_\_\_  
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. Freeman Lovell, PLLC

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

Freeman Lovell, 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.")

Utah

2. \_\_\_\_\_  
(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 registration )  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 9980 S 300 W, STE 200  
(Street Address of Principal Office)

6. 9980 S 300 W, STE 200  
(Mailing Address)

Sandy, UT 84070

Sandy, UT 84070

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

Name: Josh Freeman

Office Address: 501 East Las Olas Blvd., 2nd and 3rd Floor

Fort Lauderdale

(City)

Florida

33301

(Zip code)

**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)

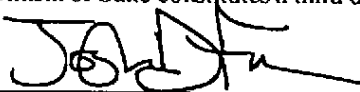
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>Josh Freeman</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Steve Lovell</u>
<input type="checkbox"/> Member	Address: <u>501 East Las Olas Blvd.</u>	<input type="checkbox"/> Member	Address: <u>9980 S 300 W, STE 200</u>
<input type="checkbox"/> Authorized	<u>2nd and 3rd Floor</u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u>Fort Lauderdale, FL 33301</u>	Person	<u>Sandy, UT 84070</u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
 <input checked="" type="checkbox"/> Manager	Name: <u>Russell Nevers</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>Fredrick Peña</u>
<input type="checkbox"/> Member	Address: <u>9980 S 300 W, STE 200</u>	<input type="checkbox"/> Member	Address: <u>9980 S 300 W, STE 200</u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u>Sandy, UT 84070</u>	Person	<u>Sandy, UT 84070</u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
 <input type="checkbox"/> Manager	Name: <u>Ryan Freeman</u>	 <input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u>9980 S 300 W, STE 200</u>	<input type="checkbox"/> Member	Address: <u></u>
<input checked="" type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u>Sandy, UT 84070</u>	Person	<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-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

Josh Freeman



Utah Department of Commerce  
Division of Corporations & Commercial Code  
160 East 300 South, 2nd Floor, PO Box 146705  
Salt Lake City, UT 84114-6705  
Service Center: (801) 530-4849  
Toll Free: (877) 526-3994 Utah Residents  
Fax: (801) 530-6438  
Web Site: <http://www.commerce.utah.gov>

04/27/2021  
10079082-016004272021-291147

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## CERTIFICATE OF EXISTENCE

Registration Number: 10079082-0160  
Business Name: FREEMAN LOVELL, PLLC  
Registered Date: August 29, 2016  
Entity Type: LLC - Domestic  
Status: Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (**unless Delinquent**); and, that Articles of Dissolution have not been filed.



*L. Veillette*

Leigh Veillette  
Director  
Division of Corporations and Commercial Code