

m22600001488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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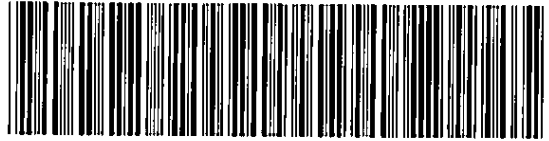
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/31/22--01004--017 **763.75

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2022 JAN 27 PM 2:27

2022 JAN 27 PM 1:50

S. HAWKES

JAN - 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2022

FLORIDA FILING

SUBJECT: CONCURRENT FINANCIAL HOLDINGS, LLC
Ref. Number: W22000009129

We have received your document for CONCURRENT FINANCIAL HOLDINGS, LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total ~~\$777.50~~ *1038.75*.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes
Regulatory II

Letter Number: 822A00002244

*Please keep original file
date
Thank you!*

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 1/27/22

NAME: CONCURRENT FINANCIAL HOLDINGS, LLC

TYPE OF FILING: APPLICATION

COST: ~~125.00~~

763.75

RETURN: PLAIN COPY PLEASE

ACCOUNT: ~~FCA000000015~~

Paid with check

AUTHORIZATION: ABBIE/PAUL HODGE

a Hodge

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. Concurrent Financial Holdings, 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.")

Delaware

2. (Jurisdiction under the law of which foreign limited liability company is organized)

86-1730022

3. (FEI number, if applicable)

December 30, 2020

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

100 S. Ashley Drive

5. (Street Address of Principal Office)

100 S. Ashley Drive

6. (Mailing Address)

Suite 1190

Suite 1190

Tampa, FL 33602

Tampa, FL 33602

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

Name: Scott Steele

Office Address: 100 S. Ashley Drive, Suite 1190

Tampa

(City)

Florida 33602

(Zip code)

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2002 JUN 27 PM 2:27
STATE
TAMPA, FL

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.

Scott Steele

(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]:

Title or Capacity: Name and Address:

☒ Manager Name: Scott Steele

☐ Member Address: 100 S. Ashley Drive

☐ Authorized Suite 1190

Person Tampa, FL 33602

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: Michael Hlavek

☐ Member Address: 100 S. Ashley Drive

☐ Authorized Suite 1190

Person Tampa, FL 33602

☐ Other _____ ☐ Other _____

☒ Manager Name: Kevin McFarland

☐ Member Address: 100 S. Ashley Drive

☐ Authorized Suite 1190

Person Tampa, FL 33602

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ 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 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.

Scott Steele

Signature of an authorized person

Scott Steele

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONCURRENT FINANCIAL HOLDINGS, 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 TWELFTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONCURRENT FINANCIAL HOLDINGS, LLC" WAS FORMED ON THE THIRTIETH DAY OF DECEMBER, A.D. 2020.

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



4585121 8300

SR# 20220106267

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202382005

Date: 01-12-22