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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

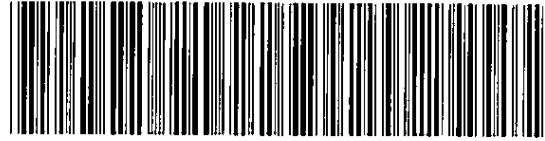
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PINCH A PENNY, LLC

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:

Kate Hiles

Name of Person

Pinch A Penny, LLC

Firm/Company

6385 150th Avenue N.

Address

Clearwater, FL 33760

City/State and Zip Code

khiles@pinchapenny.com

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

For further information concerning this matter, please call:

Kate Hiles

727

531-8913

at ()

Name of Contact Person

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**

☒ \$135.00 Filing Fee ☐ \$120.00 Filing Fee ☐ \$150.00 Filing Fee ☐ \$165.00 Filing Fee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2022

KATE HILES
6385 150 AVE N
CLEARWATER, FL 33760

SUBJECT: PINCH A PENNY, LLC
Ref. Number: W22000022173

We have received your document for PINCH A PENNY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 622A00004297

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. PINCH A PENNY, 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. 59-1662076

(FEI number, if applicable)

4. ~~2-21-2022~~ 2-21-2022

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

5. 6385 150th Avenue N.

(Street Address of Principal Office)

6. P.O. Box 6025

(Mailing Address)

Clearwater, FL 33760

Clearwater FL 33758

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

Name: Kate N. Hiles

Office Address: 6385 150th Avenue N.

Clearwater

(City)

Florida

33760

(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 manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Hiles, Kate

☐ Member Address: 6385 150th Avenue N

☐ Authorized Clearwater, FL 33760

Person _____

☒ Other General Counsel ☐ Other Asst. Secretary

Title or Capacity: **Name and Address:**

☐ Manager Name: Eisch, James Sr.

☐ Member Address: 6385 150th Avenue N.

☐ Authorized Clearwater, FL 33760

Person _____

☐ Other President ☐ Other CEO

☐ Manager Name: Eisch, James Jr.

☐ Member Address: 6385 150th Avenue N.

☐ Authorized Clearwater, FL 33760

Person _____

☒ Other CFO ☐ Other _____

☐ Manager Name: Neil, Jennifer M.

☐ Member Address: 109 Northpark Blvd.

☐ Authorized Covington, LA 70433

Person _____

☐ Other VP ☐ Other Secretary

☐ Manager Name: Housey Hart, Melanie

☐ Member Address: 109 Northpark Blvd.

☐ Authorized Covington, LA 70433

Person _____

☐ Other VP ☐ Other Treasurer

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

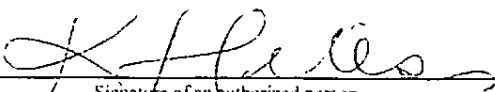
Person _____

☐ 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.



Signature of an authorized person

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PINCH A PENNY, 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 TWENTY-THIRD DAY OF FEBRUARY, A.D. 2022.



6578051 8300

SR# 20220640944

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

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

Authentication: 202738428

Date: 02-23-22