

M22000003670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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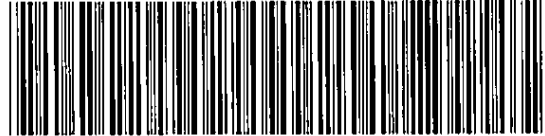
(Business Entity Name)

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DATE: 03/10/22

NAME: CONCURRENT PPS, LLC

TYPE OF FILING: APPLICATION

COST: 155.00

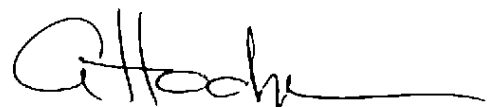
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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL 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 PPS, 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 3. 88-1118359
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. February 1, 2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 100 S. Ashley Drive
(Street Address of Principal Office)

6. 100 S. Ashley Drive
(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, Florida 33602
(City) (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.

Scott Steele
(Registered agent's signature)

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2022 FEB 10 PM 4:31
CLERK OF CIRCUIT COURT
HILLSBORO COUNTY, FLORIDA

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

 Tampa, FL 33602

Person

☐ Other _____ ☐ Other _____

☒ Manager Name: Kevin McFarland

☐ Member Address: 100 S. Ashley Drive

☐ Authorized Suite 1190

 Tampa, FL 33602

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

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

☒ Manager Name: Michael Hlavek

☐ Member Address: 100 S. Ashley Drive

☐ Authorized Suite 1190

 Tampa, FL 33602

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 PPS, 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 TENTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONCURRENT PPS, LLC" WAS FORMED ON THE FIRST DAY OF FEBRUARY, A.D. 2022.


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

2022 FEB 10 PM 4:31

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SR# 20220950367


Jeffrey W. Bullock, Secretary of State

Authentication: 202877142

Date: 03-10-22