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Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : NATIONAL LICENSING CONSULTANTS, LLC
Account Number : I20210000115
Phone : (954)233-0222
Fax Number : (813)441-8235

2022 APR 12 PM 12:30

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company
PROCESS SERVICE SPECIALISTS, L.L.C.

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

S. FRANKLIN
APR 13 2022

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COVER LETTER**

**TO: Registration Section
Division of Corporations**

SUBJECT: _____ PROCESS SERVICE SPECIALISTS, L.L.C. _____
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:

CHARITY BOWDEN
Name of Person

NATIONAL LICENSING CONSULTANTS, LLC
Firm/Company

29157 CHAPEL PARK DR STE A
Address

WESLEY CHAPEL, FL 33543
City/State and Zip Code

STATELICENSEINFO@GMAIL.COM
E-mail address: (to be used for future annual report notification)

2022 APR 12 PM 12:30

FILED

For further information concerning this matter, please call:

CHARITY BOWDEN at (**954**) **233-0222**
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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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. PROCESS SERVICE SPECIALISTS, L.L.C. (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. 82-4715537 (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. 1219 SOUTH PURPERA AVE (Street Address of Principal Office)

6. 1219 SOUTH PURPERA AVE (Mailing Address)

GONZALES, LA 70737

GONZALES, LA 70737

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

Name: NATIONAL LICENSING CONSULTANTS, LLC

Office Address: 29157 CHAPEL PARK DR. STE A

WESLEY CHAPEL, Florida 33543 (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.

(Registered agent's signature)

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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>KEVIN SULLIVAN</u>	<input checked="" type="checkbox"/> Manager	Name: <u>KENNETH LAWSON</u>
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>1219 SOUTH PURPERA AVE</u> <u>GONZALES, LA 70737</u>	<input type="checkbox"/> Authorized Person	<u>1219 SOUTH PURPERA AVE</u> <u>GONZALES, LA 70737</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: <u>PSS HOLDCO LLC</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>1219 SOUTH PURPERA AVE</u> <u>GONZALES, LA 70737</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____


<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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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

KEVIN SULLIVAN

Typed or printed name of signer
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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROCESS SERVICE SPECIALISTS, L.L.C." 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 FIRST DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROCESS SERVICE SPECIALISTS, L.L.C." WAS FORMED ON THE FIFTH DAY OF MARCH, A.D. 2018.

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 . . . H . . .



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

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SR# 20221271929

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

Authentication: 203077376

Date: 04-01-22