

7/1/22, 11:33 AM

Division of Corporations

## Florida Department of State

**M220002264953** **10270**

Division of Corporations  
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## To:

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

## From:

Account Name : BARNETT, KIRKWOOD, KOEHE, LONG & FOSTER, P.A.  
Account Number : 072731001155  
Phone : (813)253-2020  
Fax Number : (813)251-6711

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

Email Address: tseemann@barnettbolt.com

**Foreign Limited Liability Company**  
**PASSWORD BOSS LLC**

Certificate of Status	1
Certified Copy	0
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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. PASSWORD BOSS 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.

(FBI 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. 4925 Independence Parkway, Ste. 400

(Street Address of Principal Office)

## 6. 4925 Independence Parkway, Ste. 400

(Mailing Address)

Tampa, FL 33634

Tampa, FL 33634

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

Name: David L. Koche

Office Address: 601 Bayshore Blvd., Ste. 700

Tampa

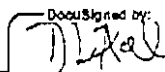
(City)

, Florida 33606

(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.

DocuSigned by:  


(Re: 634C88A15BECAD1)

David L. Koche

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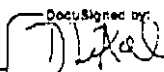
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<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>David Bellini</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Stephen P. Wise</u>
<input type="checkbox"/> Member	Address: <u>4925 Independence Parkway, Ste. 400</u>	<input type="checkbox"/> Member	Address: <u>4925 Independence Parkway, Ste. 400</u>
<input type="checkbox"/> Authorized	<u>Tampa, FL 33634</u>	<input type="checkbox"/> Authorized	<u>Tampa, FL 33634</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Drew McCallum</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>Adam Slutskin</u>
<input type="checkbox"/> Member	Address: <u>4925 Independence Parkway, Ste. 400</u>	<input type="checkbox"/> Member	Address: <u>4925 Independence Parkway, Ste. 400</u>
<input type="checkbox"/> Authorized	<u>Tampa, FL 33634</u>	<input type="checkbox"/> Authorized	<u>Tampa, FL 33634</u>
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

DocuSigned by:  
  
 Sign: 824C80A13BEC4D1...

David L. Koche

Typed or printed name of signer

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# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "PASSWORD BOSS 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 FIRST DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PASSWORD BOSS  
LLC" WAS FORMED ON THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2020.

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



3668806 8300

SR# 20222885715

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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: 203818574

Date: 07-01-22

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