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T. LEMIEUX  
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Professional Computer Solutions, 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:

**Danyel Jepsen**

Name of Person

**Professional Computer Solutions, LLC**

Firm/Company

**3710 Timberline Drive**

Address

**Denison, IA 51442**

City/State and Zip Code

**danyel.jepsen@pcs-csa.com**

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

For further information concerning this matter, please call:

**Danyel Jepsen**

Name of Contact Person

**712**

Area Code

**263-3106**

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

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. Prof Comp Solutions, 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. Mississippi 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11/1/2022  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3710 Timberline Drive 6. PO Box 70  
(Street Address of Principal Office) (Mailing Address)  
Denison, IA 51442 Denison, IA 51442

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

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301  
(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.

Jaine Torres  
(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]:

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

☐ Manager Name: M. Scott Blassingame

☐ Member Address: 93 South Coley Road

☐ Authorized Tupelo, MS 38801

Person \_\_\_\_\_

☒ Other CEO ☐ Other \_\_\_\_\_

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

☐ Manager Name: Danyel Jepsen

☐ Member Address: 3710 Timberline Drive

☒ Authorized Denison, IA 51442

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Steven Dyer

☐ Member Address: 93 South Coley Road

☐ Authorized Tupelo, MS 38801

Person \_\_\_\_\_

☒ Other Assistant General Manager ☐ Other \_\_\_\_\_

☐ Manager Name: Paula Wiebers

☐ Member Address: 3710 Timberline Drive

☒ Authorized Denison, IA 51442

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Angela Miller

☐ Member Address: 3710 Timberline Drive

☐ Authorized Denison, IA 51442

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.

  
Signature of an authorized person

Danyel Jepsen

Typed or printed name of signer



**Michael Watson**  
SECRETARY OF STATE

Office of the Secretary of State  
Jackson, Mississippi

## Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

### **PROFESSIONAL COMPUTER SOLUTIONS, LLC**

Registered the 13th day of September, 2018

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

105 SOUTH FRONT STREET , PO BOX 7120  
TUPELO, MS 38802

And that the registered agent at that address is:

Douglas Ford

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office  
the 2nd day of November, 2022

A handwritten signature in cursive script that reads "Michael Watson".

Certificate Number: CN22151799

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>