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Account Number : I20020000137 Phone : (904)301-1269 Fax Number : (904)301-1279

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Foreign Limited Liability Company Parkway Services, LLC

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPTIANCE WITH SECTION GOUGE FLORITY NEW TIPE. THE FOLLOWING INNOCURTED TO REGISTER A FORLYOF LIMITED LIABILITY

COMPANYTO BRANNACT BESINESS IN THE STATE OF PLOKED 4: Parkway Services, LLC OS and of Loreign Littled Calabitry Company, must include "Litalita" (childry Compony, 1971), 67 (CLC 1) 10 name translable enter observate many adopted for the purpose of translating process of George Constitutive translability and orthogonated Entering Congress, 1920 of 1920 Constitution Congress, 19 Delaware Applied for 2. Guissiation under the low of stucin Oceano Control Induitis as many is engineed. 800 N. Magnolia Avenue 800 N. Magasha Avenue Street V (direct of Philospal Office) O. Maday Address Suite 1625. Sauce 1625 Oriando, Fiorida 32803. Orlando, Florida 32803 7. Name and street address of Florida registered agent. (P.O. Box. NOT acceptable) Contega Business Services, LLC Namo. One Independent Drive, Suite 1200. Office Address: Jacksenville

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 acc 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.

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	(हे व्हार्क्डास्ट बहुदान र आधावताहरू	

H23000156104.3

2	For	initial indexing purposes,	list names, title	or capacity and	l addresses of	the primary	members	managers or	persons	authorized to
ma	ប្រទទ	: [up to six (6) total].								

Title or Capacity: ■Manager ■Member Authorized Person	Name and Address: Name . Parkway Ventures, LLC Address	Title or Capacity: Manager Member Authorized Person Other	Name	Name and Address:
☐Manager ☐Member ☐Authorized Person ☐Other	Name	☐ Manager ☐ Member ☐ Authorized Person ☐Other	Address	
☐Manager ☐Member ☐Authorized Person ☐Other	Name	☐ Manager ☐ Member ☐ Authorized ☐ Person ☐ Other	Address	Othe:

Important Notice Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 \$.817,155, F.S.

A. Now holous hild			
•	Signature of an authorized person		
A. Noni Holmes-Kidd	. Authorized Person		
	Threat or printed name of source		

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PARKWAY SERVICES, 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-FIRST DAY OF APRIL, A.D. 2023.

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

Authentication: 203191855

Date: 04-21-23