

M230000008236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

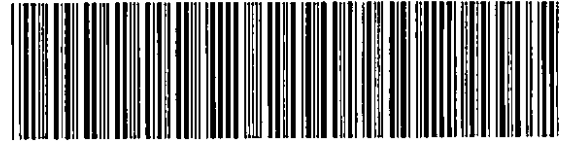
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400407309684

04/24/23--01042--030 **160.00

06/20/23--01004--014 **838.75

2023

01/28/24

82



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2023

THOMAS BRENDON REEDY
5302 W CRENSHAW ST
TAMPA, FL 33634 US

SUBJECT: PALM SERVICES TEAM LLC
Ref. Number: W23000065992

PLEASE NOTE THIS
FILING WAS FILLED
OUT INCORECCTLY.
OUR AP (DOM) IS
ON THE
UPDATED FORM.
IF ANOTHER PAYMENT
OR ANYTHING IS
NEEDED PLEASE
CALL T. BRENDON
REEDY.
508.813.7555

We have received your document for PALM SERVICES TEAM LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS
Regulatory Specialist III

Letter Number: 023A00010216

RECEIVED
JUN 20 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Palm Services Team, 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:

Thomas Brendon Reedy

Name of Person

Palm Services Team, LLC

Firm/Company

5302 W Crenshaw St

Address

Tampa, FL 33634

City/State and Zip Code

pstoperations@gmail.com

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

For further information concerning this matter, please call:

T. Brendon Reedy

813

508-7555

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. Palm Services Team 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. 88-3175775
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 04AUG22
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 5302 W Crenshaw St 6. 5302 W Crenshaw St
(Street Address of Principal Office) (Mailing Address)

Tampa, FL 33634 Tampa, FL 33634

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

Name: T. Brendon Reedy
Office Address: 5302 W Crenshaw St
Tampa, Florida 33634
(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.

T. Brendon Reedy
(Registered agent's signature)

2024 AUG 12 12:54

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: Thomas Reedy

☒ Member Address: 4525 W Swann Ave

☐ Authorized Tampa, FL 33609

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Ryan Hawley

☒ Member Address: 14342 Wadsworth Dr

☐ Authorized Odessa, FL 33556

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Connery Nichols

☒ Member Address: 1211 Dalzie Dr

☐ Authorized Valrico, FL 33594

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: Joe Register

☒ Member Address: 122 W Fern St

☐ Authorized Tampa, FL 33609

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: John Jackson

☒ Member Address: 14618 Coloma Lane

☐ Authorized Odessa, FL 33556

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Dominique Richards

☐ Member Address: 511 W Cleveland St #709

☒ Authorized Tampa, FL 33606

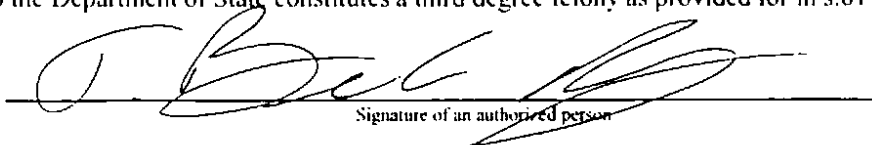
Person _____

☐ 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

T. Brendon Reedy

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 "PALM SERVICES TEAM 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 FIFTEENTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PALM SERVICES TEAM LLC" WAS FORMED ON THE ELEVENTH DAY OF JULY, A.D. 2022.

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



6904426 8300

SR# 20232771177

You may verify this certificate online at 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.

Jeffrey W. Bullock, Secretary of State

Authentication: 203558713

Date: 06-15-23