

M23000011802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

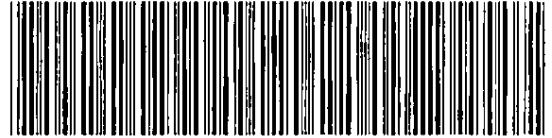
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2023 SEP 14 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FL

W23-105926



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2023

JACOB KERN
12 MAUCHLY, BUILDING I
IRVINE, CA 92618 US

SUBJECT: PCI MUNICIPAL SERVICES, LLC
Ref. Number: W23000105926

We have received your document for PCI MUNICIPAL SERVICES, 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):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 723A00017539

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PCI MUNICIPAL SERVICES, 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:

PANKAJ SACHDEVA

Name of Person

PCI MUNICIPAL SERVICES, LLC

Firm/Company

12 MAUCHLY, BUILDING I

Address

IRVINE, CA 92618

City/State and Zip Code

PSACHDEVA@PARKINGCONCEPTS.COM

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

For further information concerning this matter, please call:

PANKAJ SACHDEVA

562

4136542

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. PCI MUNICIPAL SERVICES, 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. CALIFORNIA 3. 86-1859096
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 565 CASSIA BLVD. 6. 15 MAUCHLY, BUILDING I
(Street Address of Principal Office) (Mailing Address)

SATELLITE BEACH, FL 32937 IRVINE, CA 92618

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

Name: URS AGENTS, LLC
Office Address: 3458 LAKESHORE DRIVE
TALLAHASSEE 32312
(City) , Florida (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.

URS Agents, LLC

by: Theresa Thompson, Assistant Secretary
(Registered agent's signature)

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SECRETARY OF STATE
TALLAHASSEE, FL

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: GILL BARNETT
☐ Member Address: 12 MAUCHLY BUILDING I
☐ Authorized IRVINE, CA 92618
Person _____
☒ Other CEO ☐ Other _____

Title or Capacity: _____ **Name and Address:** _____
☐ Manager Name: BRIAN KERN
☐ Member Address: 12 MAUCHLY BUILDING I
☐ Authorized IRVINE, CA 92618
Person _____
☒ Other PRESIDENT ☐ Other _____

☐ Manager Name: DAVID MUELLER
☐ Member Address: 12 MAUCHLY BUILDING I
☐ Authorized IRVINE, CA 92618
Person _____
☒ Other SECRETARY ☒ Other TREASURER

☐ Manager Name: JACK SKELTON
☐ Member Address: 12 MAUCHLY BUILDING I
☐ Authorized IRVINE, CA 92618
Person _____
☒ Other PRINCIPAL ☐ Other _____

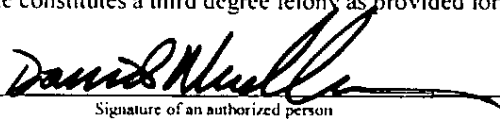
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ 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

DAVID MUELLER

Typed or printed name of signer



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: PCI MUNICIPAL SERVICES, LLC
Entity No.: 202035610641
Registration Date: 12/17/2020
Entity Type: Limited Liability Company - CA
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 24, 2022.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 054826825

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.