

M24000001256

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

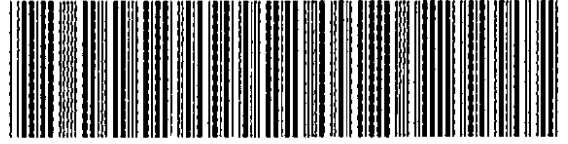
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K. Brumbley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2024

JAMES STEVEN SCHWAB
4901 LYNDON B. JOHNSON FREEWAY SUITE 101
DALLAS, TX 75244 US

SUBJECT: PROVIDENCE MG, LLC
Ref. Number: W24000002951

We have received your document for PROVIDENCE MG, LLC and check(s) totaling \$120.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The money in your account is insufficient to cover the cost of filing this document. Please send additional money to cover this particular filing and other filings you wish to process.

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

Ariel Jones
Regulatory Specialist II

Letter Number: 224A00000560

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PROVIDENCE MG, 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:

JAMES STEVEN SCHWAB
Name of Person

PROVIDENCE MG, LLC
Firm/Company

4901 LYNDON B. JOHNSON FREEWAY SUITE 101
Address

DALLAS TX 75244
City/State and Zip Code

JSCHWAB@PMGIMO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT BARNES at (843) 906-7293
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 of Status & Cc

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. Providence MG, 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. Texas

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 92-3467936

(FEI number, if applicable)

4. 11/29/2023

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

5. 4901 Lyndon B. Johnson Freeway

(Street Address of Principal Office)

Suite 101

Dallas, TX 75244

6. 4901 Lyndon B. Johnson Freeway

(Mailing Address)

Suite 101

Dallas, TX 75244

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

Name: Registered Agent Solutions, Inc.

Office Address: 2894 Remington Green Ln. Ste. A

Tallahassee, Florida 32308

(City) (Zip code)

2024 FEB - 2 AM 11: 52

Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated limited liability company designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I do and accept the obligations of my position as registered agent.



(Registered agent's signature) Samantha Niels, Assistant Secretary


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: James Steven Schwab | <input type="checkbox"/> Manager | Name: William Scott Barnes |
| <input type="checkbox"/> Member | Address: 4122 Cedarbrush Drive | <input type="checkbox"/> Member | Address: 102 Lake Run |
| <input type="checkbox"/> Authorized Person | Dallas, TX 75229 | <input checked="" type="checkbox"/> Authorized Person | Rockingham, NC 28379 |
| <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 Person | _____ | <input type="checkbox"/> Authorized 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 Person | _____ | <input type="checkbox"/> Authorized 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 purpose 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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the cert 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 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

William S. Barnes

Typed or printed name of signer



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Providence MG, LLC (file number 805017412), a Domestic Limited Liability Company (LLC), was filed in this office on April 14, 2023.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 31, 2023.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson
Secretary of State