

M 24000005450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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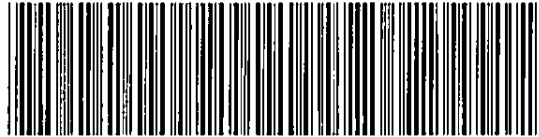
(Business Entity Name)

(Document Number)

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FOREIGN LLC

1. I3 VERTICALS, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: i3 Verticals, 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Contact Person

at (_____) _____

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. i3 Verticals, 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-0933951
(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. 40 Burton Hills Blvd., Suite 415
(Street Address of Principal Office)

6. 40 Burton Hills Blvd., Suite 415
(Mailing Address)

Nashville, Tennessee 37215

Nashville, Tennessee 37215

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

Name: NRAI Services, Inc.

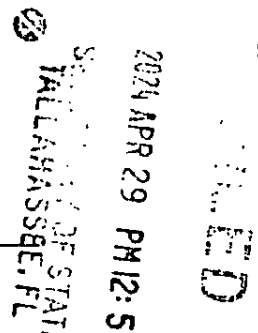
Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

 Asst Secretary
(Registered agent's signature)



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: i3 Verticals, Inc.

☒ Member Address: 40 Burton Hills Blvd, Suite 415

☐ Authorized Nashville, TN 37215

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Rick Stanford

☐ Member Address: 40 Burton Hills Blvd, Suite 415

☒ Authorized Nashville, TN 37215

Person President of Sole Manager, i3 Verticals, Inc.

☐ Other _____ ☐ Other _____

☐ Manager Name: Geoff Smith

☐ Member Address: 40 Burton Hills Blvd, Suite 415

☒ Authorized Nashville, TN 37215

Person Sr. VP of Finance of Sole Manager, i3 Verticals, Inc.

☐ Other _____ ☐ Other _____

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

☐ Manager Name: Gregory Daily

☐ Member Address: 40 Burton Hills Blvd, Suite 415

☒ Authorized Nashville, TN 37215

Person Chief Executive Officer of Sole Manager, i3 Verticals, Inc.

☐ Other _____ ☐ Other _____

☐ Manager Name: Clay Whitson

☐ Member Address: 40 Burton Hills Blvd, Suite 415

☒ Authorized Nashville, TN 37215

Person Chief Financial Officer of Sole Manager, i3 Verticals, Inc.

☐ Other _____ ☐ Other _____

☐ Manager Name: Paul Maple

☐ Member Address: 40 Burton Hills Blvd, Suite 415

☒ Authorized Nashville, TN 37215

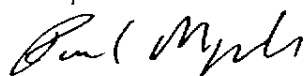
Person General Counsel & Secretary of Sole Manager

☐ 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

Paul Maple

Typed or printed name of signer

**Addendum to Florida Application by Foreign Limited Liability Company
for Authorization to Transact Business in Florida**

8.	<u>Title or Capacity</u>	<u>Name and Address</u>
	Authorized Person	Paul Christians 40 Burton Hills Blvd., Suite 415 Nashville, TN 37215 Chief Operating Officer

Delaware

The First State

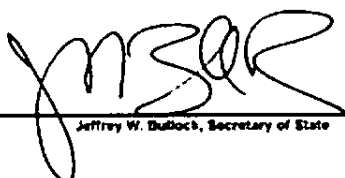
Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "I3 VERTICALS, 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-SIXTH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "I3 VERTICALS, LLC" WAS FORMED ON THE SEVENTH DAY OF SEPTEMBER, A.D. 2012.

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




Jeffrey W. Bullock, Secretary of State

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SR# 20241686718

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203344638

Date: 04-26-24