

M24000009931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

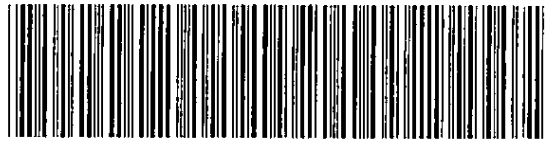
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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DIVISION OF CORPORATIONS
24 AUG - 1 PM 12:31

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ALLAHASSEE, LOUISIANA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 8/1

CERTIFIED COPY _____

XX PHOTOCOPY _____

GS _____

XX FILING FOREIGN LLC _____

1. PRACTICE SOLUTIONS CONSOLIDATED GROUP, 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: _____

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. Practice Solutions Consolidated Group, 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. Tennessee
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 99-3929773
(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. 371 Fountain View Circle
(Street Address or Principal Office)

6. 371 Fountain View Circle
(Mailing Address)

Alcoa, TN 37701
Alcoa, TN 37701

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

Name: Nicole J. Santiago

Office Address: 719 Peachtree Road, Suite 100

Orlando, Florida 32804
(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.

/s/ Nicole J. Santiago

(Registered agent's signature) Nicole J. Santiago

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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>
<input checked="" type="checkbox"/> Manager	Name: Brent Loy Trentham
<input type="checkbox"/> Member	Address: 371 Fountain View Circle, Alcoa
<input type="checkbox"/> Authorized	TN 37701
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input checked="" type="checkbox"/> Manager	Name: Nicole Santiago
<input type="checkbox"/> Member	Address: 943 Brightwater Circle, Maitland
<input type="checkbox"/> Authorized	FL 32751
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input checked="" type="checkbox"/> Manager	Name: Conrad Santiago
<input type="checkbox"/> Member	Address: 5086 Sailwind Circle, Orlando
<input type="checkbox"/> Authorized	FL 32810
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	
Person	
<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 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.

/s/ Brent Loy Trentham

Signature of an authorized person



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE. 6th FL
Nashville, TN 37243-1102

MYCOMPANYWORKS, INC.
SUITE B
187 E WARM SPRINGS RD
LAS VEGAS, NV 89119

August 1, 2024

Request Type: Certificate of Existence/Authorization
Request #: 0595038

Issuance Date: 08/01/2024
Copies Requested: 1

Document Receipt

Receipt #: 009160761

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3878958011

\$20.00

Regarding: Practice Solutions Consolidated Group, LLC

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 07/10/2024

Status: Active

Duration Term: Perpetual

Business County: BLOUNT COUNTY

Control #: 1557903

Date Formed: 07/10/2024

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Practice Solutions Consolidated Group, LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State