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Division of Corporations 9/9/24, 1:13 PM

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To:

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Fax Number

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number

: (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company PNT Consulting LLC

| Certificate of Status | 0 |
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K. SALY

SEP 1 0 2024

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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

COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA: PNT Consulting LLC (Name of Foreign Limited Unbility Company; must include "Limited Gability 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," "E.L.C." or "LLC.") Texas 452572646 (funsdiction under the law of which foreign finited hability company is organized) (FFI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 602-1904-20-605-0945; E.S. to determine penalty hability). 7901 4th St N 7901 4th St N (Stailing Address) (Street Address of Principal Office) STE 300 STE 300 St. Petersburg, FL 33702 St. Petersburg, FL 33702 7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) Registered Agents Inc Name 7901 4th St N STE 300 Office Address.

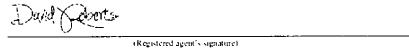
Registered agent's acceptance:

St. Petersburg

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.

City

, Florida 33702



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: Title or Capacity: Name and Address:

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|--------------------|--------------------------------|-----------------------|--|
| □Manager | Name: | □Manager | Name: Nicolaza Harvey |
| X :Member | Address: 7901 4th St N STE 300 | X ⁱ Member | Address: |
| □Authorized | St. Petersburg FL 33702 | □Authorized | St. Petersburg FL 33702 |
| Person | | Person | |
| Other | □ Other | □Other | Other |
| ∃Manager | Name: | □Manager | Jacob Harvey Name: |
| X Member | Address: 7901 4th St N STE 300 | X≀Member | Address: 7901 4th St N STE 300 |
| □Authorized | St. Petersburg FL 33702 | □Authorized | St. Petersburg FL 33702 |
| Person | | Person | |
| □Other | []Other | □ Other | []Other |
| _!Manager | Name: | LIManager | Name: |
| ∃Member | Address: | □Member | Address: |
| ⊒Authorized | | □Authorized | |
| Person | | Person | 2024 S |
|]]Other | Other | Other | in the contract of the contr |

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.

| Retin | 4-10-131 |
|-------------|-----------------------------------|
| <u> </u> | Signature of an authorized person |
| Robin Jones | |

Exped or printed name of signer

9/9/2024 10:17 48 PDT • To: 18506176383 Page 4/4 Fax: 8134365206

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

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 PNT Consulting LLC (file number 801430863), a Domestic Limited Liability Company (LLC), was filed in this office on May 26, 2011

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 September 04, 2024



Jane Melson

Jane Nelson Secretary of State

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