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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

FALL 2024 FILING

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

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**Foreign Limited Liability Company
PNT Consulting LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

K. SALY

SEP 10 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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PNT Consulting 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 3. 452572646
(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 602.0904 & 605.0902, F.S. to determine penalty liability)

5. 7901 4th St N 6. 7901 4th St N
(Street Address of Principal Office) (Mailing Address)

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)

Name Registered Agents Inc
Office Address 7901 4th St N STE 300
St. Petersburg Florida 33702
(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.

David Roberts

(Registered agent's signature)

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TALLAHASSEE, FL 32309

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 type="checkbox"/> Manager	Name: <u>Paul Harvey</u>	<input type="checkbox"/> Manager	Name: <u>Nicolaza Harvey</u>
<input checked="" type="checkbox"/> Member	Address: <u>7901 4th St N STE 300</u>	<input checked="" type="checkbox"/> Member	Address: <u>7901 4th St N STE 300</u>
<input type="checkbox"/> Authorized	<u>St. Petersburg FL 33702</u>	<input type="checkbox"/> Authorized	<u>St. Petersburg FL 33702</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Todd Harvey</u>	 <input type="checkbox"/> Manager	Name: <u>Jacob Harvey</u>
<input checked="" type="checkbox"/> Member	Address: <u>7901 4th St N STE 300</u>	<input checked="" type="checkbox"/> Member	Address: <u>7901 4th St N STE 300</u>
<input type="checkbox"/> Authorized	<u>St. Petersburg FL 33702</u>	<input type="checkbox"/> Authorized	<u>St. Petersburg FL 33702</u>
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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 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.

Robin Jones
Signature of an authorized person

Robin Jones

Typed or printed name of signer

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2024 SEP -9
10:41:00
TALLAHASSEE
FLORIDA
DEPARTMENT OF STATE

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.

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TALLAHASSEE, FLORIDA

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.



A handwritten signature of Jane Nelson in black ink.

Jane Nelson
Secretary of State