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(((H24000311402 3)))



H240003114023ABCR

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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

**Enter the email address for this business entity to be used for future and included in the control of the con

Email Address:

Foreign Limited Liability Company FPPS-FLORIDA, LLC

Certificate of Status	0
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H24000311402

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: FPPS-Florida, LLC			
	f corporation - n	nust include sutfix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Cor "Certificate of Existence," or "Certificate of above referenced foreign corporation to tra	of Good Standing		
Please return all correspondence concernir	ng this matter to	the following:	
Justin A. Hoover			
	Name of Per	son	
Winstead PC			
	Firm/Compan	у	
300 Throckmorton Street, Suite 1700			
	Address		
Fon Worth, Texas 76102			
	City/State and 2	Zip code	
jhoover@winstead.com			
E-mail address:	(to be used for f	uture annual report notification)	
For further information concerning this me	atter, please call:		
Justin A. Hoover	at ()	420-8225	
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amore Please make check payable to: FLORIDA DE \$70.00 Filing Fee \$78.75 Filing Certificate of	PARTMENT OF Fee & ST	7 STATE 78.75 Filing Fee & Certificate of Status Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA H24000211402

H24000311402

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Tallahassee , Florida 32301				
(State or country under the law of which it is incorporated) September 2024	(If name unavail	able in Florida, enter alternate corporate name ac	lopted for the purpose of transact	ting business in Florida)
Composition September 2024 S.	Delaware	3		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 9011 Mountain Ridge Drive, Ste. 130, Austin, TX 78759 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Capitol Corporate Services, Inc. Tice Address: Tallahassee Tallahassee (City) (City) Registered agent's acceptance:	(State or countr	y under the law of which it is incorporated)	(FEI number, if	applicable)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 9011 Mountain Ridge Drive, Ste. 130, Austin, TX 78759 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Capitol Corporate Services, Inc. Tallahassee Tallahassee (City) (City) Registered agent's acceptance:	September, 2	2024 5	·	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 9011 Mountain Ridge Drive, Ste. 130, Austin, TX 78759 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Capitol Corporate Services, Inc. 515 East Park Avenue 2nd Floor Tallahassee , Florida 32301 (City) Registered agent's acceptance:	(Date	of incorporation)	(Date of duration, if other	r than perpetual)
(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Capitol Corporate Services, Inc. Size Address: Tallahassee (City) Registered agent's acceptance: [Current mailing address, if different] (P.O. Box NOT acceptable) [Capitol Corporate Services, Inc.] [Cip Code]	9011 Mountain F	(SEE SECTIONS 607.1501 & 607.150		ility)
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Capitol Corporate Services, Inc. S15 East Park Avenue 2nd Floor Tallahassee , Florida 32301 (Zip code) Registered agent's acceptance:		······································	street address)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Capitol Corporate Services, Inc. 515 East Park Avenue 2nd Floor Tallahassee , Florida 32301 (Zip code) Registered agent's acceptance:		(· · · · · · · · · · · · · · · · · · ·		
ffice Address: Tallahassee		(Current mailing	address, if different)	
Registered agent's acceptance:		et address of Florida registered agent: (P.O.	·	
	Name:	et address of Florida registered agent: (P.O. Capitol Corporate Services, Inc.	·	2021
	Name:	ct address of Florida registered agent: (P.O. Capitol Corporate Services, Inc. 515 East Park Avenue 2nd Floor	Box <u>NOT</u> acceptable)	2021: SEP
aving been named as registered agent and to accept service of process for the above stated corporation at th		ct address of Florida registered agent: (P.O. Capitol Corporate Services, Inc. 515 East Park Avenue 2nd Floor	Box <u>NOT</u> acceptable)	202h SEP 12
esignated in this application, I hereby accept the appointment as registered agent and agree to act in this ca wither agree to comply with the provisions of all statutes relative to the proper and complete performance of and I am familiar with and accept the obligations of my position as registered agent.	Name: ffice Address: Registered ag	ct address of Florida registered agent: (P.O. Capitol Corporate Services, Inc. 515 East Park Avenue 2nd Floor Tallahassee (City)	Box NOT acceptable) , Florida 32301(Zip code)	

- 10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

. Leslie Sellers 8004323622 Documign Envelope ID: CAD201C8-B8C5-48BE-9134-DE82E5E76D8F

(05/06) 09/12/2024 01:05:54 PM H24000311402

A. DIRECTORS

□ Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	9011 Mountain Ridge Drive, Ste. 130	Director					
President	Austin, TX 78759	President					
		□Vice President					
Secretary	□ Treasurer	☐ Secretary		☐ Treasurer			
-		Other		Other			
Other		Domer		Critica			
Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman					
Director		☐ Director					
□President		□ President					
							
		☐Vice President	-				
Secretary	□ Treasurer	☐ Secretary		Treasurer			
□Other	Other	□Other		Other			
□Chairman	Name:	□ Chairman	Name:				
□ Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□ Treasurer	☐ Secretary		☐ Treasurer			
□Other	Cother	□Other		Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individual he index when filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer							
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he o she is aware that 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.

13. Don Maniccia, President

(Typed or printed name and capacity of person signing application)

H24000311402

<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELANARE, DO HEREBY CERTIFY "FPPS-FLORIDA, 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 TWELFTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FPPS-FLORIDA, LLC" WAS FORMED ON THE TENTH DAY OF SEPTEMBER, A.D. 2024.

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

5036387 8300

SR# 20243668326

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

Authentication: 204375932

Date: 09-12-24