

10/23/24, 2:34 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
M2400013614

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000353921 3)))



H2400035392134BC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

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

Email Address: CLS-CTARMSEVIDENCE@WOLTERSKLUWER.COM

**Foreign Limited Liability Company
Payward Equities LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 24 2024

K. Brumbley

Docusign Envelope ID: 3AE4FFB2-37E3-46B7-ADC2-976FDDDB11D6E

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. Payward Equities 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 88-4308471
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. (If first transacted business in Florida, if prior to registration, (see sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 200 East Las Olas Blvd 200 East Las Olas Blvd
(Street Address of Principal Office) (Mailing Address)

14th Fl 14th Fl

Fort Lauderdale, FL 33301 Fort Lauderdale, FL 33301

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

Name: C.T. Corporation System
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.

C.T. Corporation System
By: Lisa DuBois, Assistant Secretary
(Registered agent's signature)

2024 OCT 23 12:42:35

Docusign Envelope ID: 3AE4FFB2-37E3-48B7-ADC2-978F00B11D6E

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:	
<input checked="" type="checkbox"/> Manager	Name:	Erin Baskett		<input checked="" type="checkbox"/> Manager	Name:	Brendan Murray	
<input type="checkbox"/> Member	Address:	200 East Las Olas Blvd		<input type="checkbox"/> Member	Address:	200 East Las Olas Blvd	
<input type="checkbox"/> Authorized		14th Fl		<input type="checkbox"/> Authorized		14 Fl	
Person		Fort Lauderdale, FL 33301		Person		Fort Lauderdale, FL 33301	
<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"/> 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"/> 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			

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.

Signed by:

Erin Baskett

2C3CA3E201EC4C8

Signature of an authorized person

Erin Baskett

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PAYWARD EQUITIES 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 EIGHTEENTH DAY OF OCTOBER, A.D. 2024.

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


Jeffrey W. Bullock, Secretary of State

7116536 8300

SR# 20243986633

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

Authentication: 204666820

Date: 10-18-24