# M2400013828

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	(Business Enlity Name)
	(Document Number)
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OCT 30 2024 K. Brumbley

## FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/28/2024

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NAME: FORWARD HOLDINGS LLC

TYPE OF FILING: APPLICATION

COST: 125.00

**RETURN: PLAIN COPY PLEASE** 

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### COVER LETTER

#### TO: Registration Section Division of Corporations

Forward Holdings LLC

SUBJECT: \_

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

 

 Michael Creel
 Name of Person

 Forward Holdings LLC
 Firm/Company

 11201 N Tatum Blvd, Suite 300, Office 57
 Address

 Phoenix, AZ 85028
 City/State and Zip Code

 info@forward.loans
 E-mail address: (to be used for future annual report notification)

 For further information concerning this matter, please call:
 at ( $\frac{602}{Area Code}$ )
 339-2643 Dartime Telephone Number

Name of Contact Person		Area Code	Daytime Telephone Number		
Mailing	Address:	Street Address:			
Registr	ation Section	Registration Sect	ion		
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallaha	issee, FL 32314	2415 N. Monroe	Street, Suite 810		
		Tallahassee, FL	32303		

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\$125.00 Filing Fee \$\$130.00 Filing Fee & \$\$155.00 Filing Fee & \$\$160.00 Filing Fee, Certificate

Certificate of Status Certified Copy of Status & Certified Copy

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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:

Forward Holdings LLC

lf name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	rida The alternate name must include "Limited I	liability Company," "L.L.C," or "LLC.")	
Arizona 2	hich foreign limited liability company is organized)	85-1757858 3(FI:I лип	ber, if applicable)	
1	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605 0905; F.S. to determin	rgistration.) e penalty liability)		
11201 N Tatum Blvd 5. Street Address of Principal Office1		6. <u>(Mailing Address)</u>		
Suite 300, Office 57		Suite 300, Office 57		
Phoenix, AZ 85028		Phoenix, AZ 85028		
7. Name and street addres	<u>s</u> of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)	F SECRET	
Name:	Paracorp Incorporated		FILE FILE	
Office Address:	155 Office Plaza Drive, 1st Floor		0 0 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Tallahassee	32301 , Florida	5 <b>.</b>	

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.

(Zip code)

(City)

Jody Moua, Assistant Secretary (Registered agent's signature)

# .

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:	<u>Title or Capacit</u>	<u>v:</u>	<u>Name and Address:</u>
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	Suite 300. Office 57	□Authorized		
Person	Phoenix, AZ 85028	Person		
■Other	Other	Other		DOther
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
DOther	Other	□Other		[]Other
□Manager	Name:	□Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		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.

Signature of an authorized person

Michael Creel

Typed or printed name of signee

