

M24000003934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

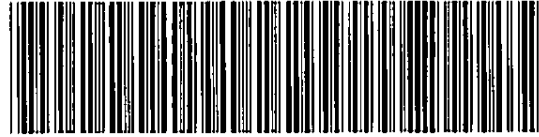
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800468600888

07/10/26--01001--034 **125 00

RECEIVED
2026 MAR 10 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FL 32304

APPROVED
AND
FILED
2026 MAR 10 PM 5:18
SECRETARY OF STATE
TALLAHASSEE, FL 32304

MAR 09 2026
K. Brumbley

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: MARIA 3/10

CERTIFIED COPY _____

XX PHOTOCOPY _____

CUS _____

XX FILING FOREIGN LLC _____

1. SCRIPT SERVICES LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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. Script Services 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 (Jurisdiction under the law of which foreign limited liability company is organized)
3. 09/15/2025 (FEI number, if applicable)

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

5. 1321 Upland Drive (Street Address of Principal Office)
Houston, TX 77043
6. 500 Paterson Plank Rd (Mailing Address)
STE 31070
Union City, NJ 07087

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

Name: Telos Legal Corp.
Office Address: 155 Office Plaza Dr
Tallahassee, Florida 32301
(City) (Zip code)

APPROVED AND FILED
2026 MAR 10 PM 5:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Spadway
(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]:

<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: Jodi Barthold	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 1321 Upland Drive	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
	Houston, TX 77043		_____
<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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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.

Jodi Barthold

Signature of an authorized person

Jodi Barthold, Authorized Person

Typed or printed name of signer



SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

UTAH DEPARTMENT OF COMMERCE

Division of Corporations and Commercial Code

MARGARET W. BUSSE
Executive Director

G. SCOTT WHITTAKER
Division Director

February 05, 2026

CERTIFICATE OF EXISTENCE

Registration Number: 14614358-0160
Business Name: SCRIPT SERVICES LLC
Principal Office Address: 14572 SOUTH 790 WEST , STE A100-200, BLUFFDALE, UT 84065
Registered Date: 09/15/2025
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Current Status: ACTIVE - CURRENT

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division unless the status above is delinquent; and, that Articles of Dissolution have not been filed.



G. Scott Whittaker
Director
Division of Corporations and Commercial Code

Certificate Number: 202602051314306

Enter the certificate number at <https://businessregistration.utah.gov> to verify this certification.