M/2 Massay

(Re	questor's Name)	
(Ad	dress)	
•	,	
(Ad	dress)	
(Cit	y/State/Zip/Phone	(f)
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
		
Special Instructions to I	Filing Officer	

Special Instructions to Filing Officer:

A. LUNT

MAY 30 2011

EXAMINER

Office Use Only



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SEGRETARY OF STATE



EXAMINER



ION SERVICE COMPANY					
	ACCOUNT NO.	:	12000000195		
	REFERENCE	:	219608 7586636		
A	UTHORIZATION	:	Smill de man	,	
	COST LIMIT	:	\$ 125.00		
ORDER DATE : May ORDER TIME : 9:				912 HAY 29	The state of the s
ORDER NO. : 219	608-005				
CUSTOMER NO:	7586636				
	FOREIGN F	ILI	<u>NGS</u>		
NAME:	TLE AT HEATHRO	W,	LLC		
XXXX QUALIFICATI	ON (TYPE: <u>L</u>	ᆫ)			
PLEASE RETURN THE	FOLLOWING AS	PR	OOF OF FILING:		
CERTIFIED XX PLAIN STA CERTIFICA		AND	ING		
CONTACT PERSON:	Stephanie Mil	nes	EXT# 2920		

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608,503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(ivaine of Poreign Limited Liability Compa	my; must include "Limited Liability Company," "L.L.C	.," or "LLC.")
(If name unavailable, enter alternate name adopted consent of the managers or managing members ado Company," "L.L.C.," "LLC.")	for the purpose of transacting business in Florida and opting the alternate name. The alternate name must incl	attach a copy of the writter ude "Limited Liability
2. Delaware	3	
(Jurisdiction under the law of which foreign limit company is organized)	ited liability (FEI number, if application	ible)
4. 04/24/2012	5. Perpetual	
(Date of Organization)	(Duration: Year limited liability comexist or "perpetual")	pany will cease to
6.	, , , , , , , , , , , , , , , , , , ,	
(Date first transacted b (See sections 608,501 &	ousiness in Florida, if prior to registration.) 2 608.502 F.S. to determine penalty liability)	TAK .
4855 Technology Way, Suite 700		7.25 7.85
Boca Raton, FL 33431		79 7
•	treet Address of Principal Office)	1000 K
3. If limited liability company is a manage	er-managed company, check here 🛚	5
9. The name and usual business addresses	of the managing members or managers are as	follows:
4855 Technology Way, Suite 700		
Boca Raton, FL 33431		
2004 14400, 12 22 121		
	more than 90 days old, duly authenticated by the official h (A photocopy is not acceptable. If the certificate is in a far must be submitted.)	
1. Nature of business or purposes to be co	onducted or promoted in Florida: Childcare	
Rechards	Weixsman	
Signature of a memb	per or an authorized representative of a member 608.408(3), F.S., the execution of this document constitutes challies of perjury that the facts stated herein are true.)	

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

r. The hame of the	e Limited Liability Comp	any is:	
TLE at Heathro	w, LLC		····
f name unavailab	lc, the alternate name to b	e used in the state of Florida is:	
. The name and	the Florida street address of	of the registered agent and office are:	BECGG TAR
C	Corporation Service Co	mpany	729 383 583
_		(Name)	WILLS OF STATE
1	201 Hays Street		
_	Florida Street Add	ress (P.O. Box <u>NOT</u> ACCEPTABLE)	- 5m 5
<u>T</u>	allahassee	FL 32301	
		City/State/Zip	
ability company a gent and agree to elating to the prop bligations of my p	nt the place designated in the act in this capacity. I furth per and complete performat	o accept service of process for the above his certificate, I hereby accept the appoin her agree to comply with the provisions hice of my duties, and I am familiar with as provided for in Chapter 608, Florida Becky Peirce Assistant Vice President	ntment as registered of all statutes and accept the
	\$ 100.00	Filing Fee for Application	

\$ 25.00

\$ 30.00

5.00

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

Delaware

PAGE 7

The First State

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

DELAWARE, DO HEREBY CERTIFY "TLE AT HEATHROW, 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 TWENTY-NINTH DAY OF MAY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TLE AT HEATHROW, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF APRIL, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5144276 8300

120646293

Jeffrey W Bullock, Secretary of State

AUTHENTYCATION: 9600896

DATE: 05-29-12

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