

MU190000004199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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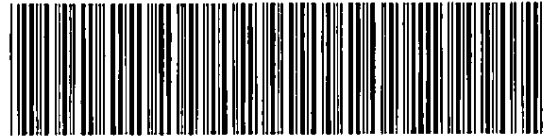
(Business Entity Name)

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**DATE: 6/25/19**

**NAME: TREMONT LEASING, LLC**

**TYPE OF FILING: APPLICATION**

**COST: 130.00**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*A Hodge*

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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:

1. TREMONT LEASING, 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. (FEF 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. 3411 SILVERSIDE ROAD (Street Address of Principal Office)
6. 639 E. OCEAN AVE (Mailing Address)

TATNALL BLDG #104 #309
WILMINGTON, DE 19810 BOYNTON BEACH, FL 33435

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

Name: AMY DITTAMI

Office Address: 639 E. OCEAN AVE, #309

BOYNTON BEACH, Florida 33435
(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.

(Registered agent's signature)

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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:  
 Manager      Name: AMY DITTAMI  
 Member      Address: 639 E. OCEAN AVE #309  
 Authorized      BOYNTON BEACH, FL 33435  
Person \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

Title or Capacity:                      Name and Address:  
 Manager      Name: \_\_\_\_\_  
 Member      Address: \_\_\_\_\_  
 Authorized      \_\_\_\_\_  
Person \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager      Name: KENNETH SLATER  
 Member      Address: 639 E. OCEAN AVE #309  
 Authorized      BOYNTON BEACH, FL 33435  
Person \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_  
 Member      Address: \_\_\_\_\_  
 Authorized      \_\_\_\_\_  
Person \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_  
 Member      Address: \_\_\_\_\_  
 Authorized      \_\_\_\_\_  
Person \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

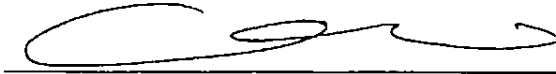
Manager      Name: \_\_\_\_\_  
 Member      Address: \_\_\_\_\_  
 Authorized      \_\_\_\_\_  
Person \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

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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

AMY DITTAMI

Typed or printed name of signer

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TREMONT LEASING, 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-THIRD DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TREMONT LEASING, LLC" WAS FORMED ON THE THIRTIETH DAY OF APRIL, A.D. 2019.

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



  
Jeffrey W. Bullock, Secretary of State

7398364 8300

SR# 20194419583

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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