# F1700003443

(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:					
WM-48450					

Office Use Only



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July 31, 2017

IVAN RONEY 1680 FRUITVILLE ROAD, STE 335 SARASOTA, FL 34236

SUBJECT: TTA CORPORATION Ref. Number: W17000062450

We have received your document for TTA CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." —Please enter the alternate corporate name in the space provided in number one of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist III

Letter Number: 917A00015387

## **COVER LETTER**

TO:	Registration Sec Division of Corp					
SUBJI	TTA Corp	oration				
3000	<u> </u>	Name of cor	poration - m	ust include suffix		
Dear S	ir or Madam:					
"Certif	icate of Existence	on by Foreign Corpora ," or "Certificate of Go a corporation to transac	ood Standin	g" and check are sul		
Please Ivan Ro	•	ondence concerning th	is matter to	the following:		
		N	lame of Pers	son		
TTA C	orporation					
	· · · · · · · · · · · · · · · · · · ·	Fi	rm/Compan	y		
1680 Fi	ruitville Road, Suite	: 335				
			Address		<del></del>	
Sarasot	a, FL 34236				2017 SEC ALL	***
		City	/State and Z	Zip code	He 25	
ironey@	nta-corp.com				SSI SSI	
		E-mail address: (to b	e used for f	uture annual report	notification)	
For fur	ther information of	concerning this matter,	please call:		FLORI	Ü
Tama	ra Mills	at (	941	444-3818	io <sub>A</sub>	
	Name of Person		rea Code	Daytime Telep	shone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. FL 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclose	ed is a check for t	he following amount:				
<b>□</b> \$70	.00 Filing Fee	☐ \$78.75 Filing Fee Certificate of Stat		78.75 Filing Fee & crtified Copy	\$87.50 Filing F Certificate of S Certified Copy	Status &

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	TTA Corporation	1				
••		rporation; must include "INCORPORATED," rp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	N."		
	TIA Corp.	TTA FLORIDA CORP				
	(If name unavailal	ble in Florida, enter alternate corporate name ad	lopted for the purpose of transactii	ng business in Florida)		
2.	Wyoming	under the law of which it is incorporated)	45-0706773			
	(State or country	under the law of which it is incorporated)	(FEI number, if ar	oplicable)		
4.	3/16/2011	of incorporation)				
	(Date e	of incorporation)	(Date of duration, if other	than perpetual)		
6.	May 1, 2017					
	<u> </u>	(Date first transacted business in I	lorida, if prior to registration)			
		(SEE SECTIONS 607.1501 & 607.150	2. F.S., to determine penalty liabil	ity) = -=		
7.	1680 Fruitville Ro	ad, Suite 335		2017 2017 2017		
			office address)	HATE TO THE		
	Sarasota, FL 3423	6		AHASSE AHASSE		
(Current mailing address, if different)						
8.	Name and street	address of Florida registered agent: (P.O.	Box NOT acceptable)	u: 33 STAL LORIDA		
		Ivan Ronev	<u> </u>	DA G		
	Name:		<u></u>			
Office Address:		1680 Fruitville, Suite 335				
		Sarasota	34236 , Florida			
		(City)	(Zip code)			

#### 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	·
Address:	
Director:	
Address:	
B. OFFICERS	
President:	2017 SEC TALL
6450 Lincoln Road, Bradenton FL 34203	IN G
Address:	SS ←
W b 27	<b>الله الله الله الله الله الله الله الله</b>
Vice President:	골수 Li
Address:	<b>→</b> •
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary you may attach an addendum to the application listing a	dditional officers and/or directors.
12. Jun 5.	·
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11)	above) affirms that the facts stated herein
are true and that he or she is aware that false information submitted in a documa third degree felony as provided for in s.817.155, F.S.	nent to the Department of State constitutes
Ivan Roney 13.	

# STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

## TTA Corporation

is a

### **Profit Corporation**

formed or qualified under the laws of Wyoming did on **March 16**, **2011**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2011-000598622**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 21st day of July, 2017 at 7:17 AM. This certificate is assigned 023658123.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.