

F18000003555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
AUG 06 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 25, 2018

JOSEPH AVERY CARR
1314 LAS OLAS BLVD, #186
FT LAUDERDALE, FL 33301

SUBJECT: TTR SOLUTIONS INC.
Ref. Number: W18000067568

We have received your document for TTR SOLUTIONS INC. 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 alternate name that you have chosen is not available. Please select a new name.

The document number of the name conflict is L17000217150.

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

Octavia L Simmons
Regulatory Specialist III

Letter Number: 918A00015234

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

COVER LETTER

TO: Registration Section
Division of Corporations
ALL IN INC.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
JOSEPH AVERY CARR

ALL IN INC	Name of Person
1314 LAS OLAS BLVD # 186	Firm/Company
FORT LAUDERDAL, FLORIDA, 33301	Address
ALLINBILLING@GMAIL.COM	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

JEFFERY GUANCIALE	602	399-6094
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone 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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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.

ALL IN INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

LIFTED MEASURES INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
WYOMING 82-5283222

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

APRIL 11, 2018

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

AUGUST 1, 2018

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

1910 THOMAS AVE, CHEYENNE, WY, 82001

7. _____
(Principal office address)

1314 EAST LAS OLAS BLVD # 186, FORT LAUDERDALE, FLORIDA, 333012

(Current mailing address, if different)

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

INCORP SERVICES INC

Name: _____

17888 67TH COURT NORTH

Office Address: _____

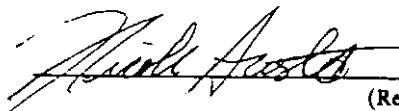
LOXAHATCHEE

33470

_____, 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.



Nicole Acosta on behalf of InCorp Services, Inc.

(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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

JOSEPH AVERY CARR

President: _____

1314 EAST LAS OLAS BLVD # 186, FORT LAUDERDALE, FLORIDA, 33301

Address: _____

JOSEPH AVERY CARR

Vice President: _____

1314 EAST LAS OLAS BLVD # 186, FORT LAUDERDALE, FLORIDA, 33301

Address: _____

JOSEPH AVERY CARR

Secretary: _____

1314 EAST LAS OLAS BLVD # 186, FORT LAUDERDALE, FLORIDA, 33301

Address: _____

JOSEPH AVERY CARR

Treasurer: _____

1314 EAST LAS OLAS BLVD # 186, FORT LAUDERDALE, FLORIDA, 33301

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____


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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

JOSEPH AVERY CARR

13. _____

(Typed or printed name and capacity of person signing application)

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,


All In Inc.
is a
Profit Corporation

formed or qualified under the laws of Wyoming did on **April 11, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000798358**.

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 10th day of July, 2018 at 7:48 AM. This certificate is assigned 027134832.




Secretary of State