Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \* ? ? ...

Email Address:	
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### FOREIGN PROFIT/NONPROFIT CORPORATION

Tim the Tatman, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
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→ 18506176383

October 15, 2021

### FLORIDA DEPARTMENT OF STATE

CORPORATE CREATIONS INTERNATIONAL INC.

SUBJECT: TIM THE TATMAN, INC.

REF: W21000137349

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$150.00.

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.

Sharon D Franklin

FAX Aud. #: H21000383572 Regulatory Specialist II Letter Number: 121A00025215

## **COVER LETTER**

	crition Section on Corporations			
SURIECT:	Fin the Tatman, Inc.			
	Name	of corporation	- must include suffix	
Dear Sir or M	le limit			
"Certificate o	"Application by Foreign C Hixistence," or "Certificat ced foreign corporation to	e of Good Stanc	ling" and check are sub-	
Please return	all correspondence concern	ning this matter	to the following:	
Deborah E. Ka	dstek, Paralegal			
<del></del>		Name of F	Person	
Hodgson Russ	113			
		Firm/Comp	oany	
140 Pearl St.,	Ste. 100			
		Addre	SS	
Buffalo, NY 1	(1) <u>2</u>			
		City/State an	d Zip code	
ecohen@hilin				
	E-mail addres	ss: (to be used fo	or future annual report n	otification)
For further in	Symation concerning this (	natter, please co	all:	
Deborah E. F	tok, Paralegal	716 at (	848-1371	
Nan	( Person	Area Code	Daytime Teleph	none Number
STREITE/COURIER ADDRESS: Regis from Section Divi of Corporations The correct of Tallahassee 241: Monroe Street, Suite 810 Talla see, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a Please make of \$70.00 F.	*	DEPARTMENT ng Fee & 🗀	OF STATE \$78.75 Fifing Fee & Certified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy

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

	A SECTION 607, 1503, FLORIDA STAT A CORPORATION TO TRANSACT BUS			O	
Tim the Tatman, i					
(Enter name of cor, "Cor," "Co					
			മ	2(	
(If name unavailable in	Florida, enter alternate corporate name ado	pted for the purpose of transacting busines	sim of for	dat	
New York				007	Ţ,
(State or country 12/28/2017		(FEI number, if applicable)	ົທ"	t E	7
4	rporation) 5	(Date of duration, if other than perpo	<u></u>	AM 9: 1	ξ,
0.	(Date first transacted business in Fk (SEE SECTIONS 607.1501 & 607.1502.	orida, if prior to registration) F.S., to determine penalty liability)	<u> </u>	<del>\$</del>	
7 3522 Burnt Pine L	Liamar Beach, FL 32550				
	(Principal office s	treet address)			
3522 Burnt Pine Lac.	Miramar Beach, FL 32550				
<del>,</del>	(Current mailing ac	ldress, if different)	_	•••	
8. Name and <u>street</u> and	285 of Florida registered agent: (P.O. B	ox NOT acceptable)			
Name:	othy J. Betar				
Office Address:	Burnt Pine Lane				
Office Address.	error Beach				
	(City)	Florida(Zip code)			
designated in this a	·	of process for the above stated corpord t as registered agent and agree to act ive to the proper and complete perfor on as registered agent.	in this c	upacity	r. 🚹
10. Attached is a certhe Department of S under the law of wh	he of existence duly authenticated, notice the Secretary of State or other offices incorporated.	more than 90 days prior to delivery of influence and having custody of corporate records	f this app s in the j	plicatio urisdic	n to tion

7012148442

A. DIRECTORS		nothy J. Betar			
□Chairman	7	3522 Burnt Pine Lane			
□Vice Chairman		Beach, FL 32550	_ □Vice Chairman	Address:	
Director		TRUCKET LESSO	_ Director		
President		· · · · · · · · · · · · · · · · · · ·	_ President	· <del>-</del>	
□Vice President			□ Vice Presidem		
■ Secretary		Treasurer	☐ Secretary		□Treasurer
□Other	<del></del> .	□Other	Other		□Other
[]Chairman	ž.		_ Chairman	Name:	
□Vice Chairman	$Ac^{i}$		(☐Vice Chairman	Address:	
□Director			□ Director		
□President	_		_ = President		
□Vice President			_ □Vice President		
☐ Secretary		☐ Freasurer	□ Secretary		☐ Freasurer
□Other		□Other	_ Other		□Other
		<del> </del>		•	
□Chairman	<b>ì</b> .		Chairman	Name:	
□Vice Chairman	$\Lambda_i^{-1}$	M = 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	_ □Vice Chairman	Address:	
Director			_		
□President			President		
□Vice President			□Vice President		
☐ Secretary		☐ Freasurer	□ Secretary		☐ Treasurer
Other		□Other	□Other		□Other
Important Notice: individuals may be		thment to report more than six (6). Index when filing your Florida D	-		purposes only. Non-indexed
··· ——————————————————————————————————	<b></b>	Signature of D	irector or Officer		
The officer or direct she is aware that for s.817.155, F.S.	•	this document (and who is listed in ation submitted in a document to the			

13. Timothy J. Betar

ped or printed name and capacity of person signing application)

### STATE OF NEW YORK

### DEPARTMENT OF STATE

### Certificate of Status

I, ROSSANA ROS my office, do hereby certificate, the following of Secretary of State of the State of New York and custodian of the records required by law to be filed in upon a diligent examination of the records of the Department of State, as of the date and time of this nation is reflected;

Entity Name: TIM THE TATMAN, INC.

**DOS ID Number:** 5256996

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with S: 12/28/2017

Statement Status: CURRENT Statement Due Date: 12/31/2023

No information is available this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on October 14, 2021 at 10:16 A.M.

ROSSANA ROSADO, Secretary of State

Brandon C Higher

By Brendan C. Hughes
Executive Deputy Secretary of State

Αu·

ction Number: 100000488513 To Verify the authenticity of this document you may access the

wision of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov