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## FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Drive, Suite A Tallahassee, FL 32301

PHONE: (850) 216-0457; FAX: (850) 216-0460

DATE:

02-02-07

NAME:

TVPX SALES, LLC

TYPE OF FILING: APPLICATION TO TRANSACT BUSINESS

OT FIB - 2 PH 3:21

COST:

\$125

RETURN:

ACCOUNT: FCA000000015

**AUTHORIZATION:** 

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA COMPLIANCE WITH SECTION 608503, FLORIDA SERTUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITATIVE OF THE STATE OF FLORIDA:

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREX LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. TVPX Sales, LLC (Name of Foreign Limited Liability Company) Massachusetts (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 4 May 25, 2006 5. perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") 6. upon filing (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 9 Damonmili Square, Ste 1A Concord, MA 01742 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Time Value Property Exchange, Inc. 9 Demonmill Square, Sulte 1A Concord MA 01742 10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Aircaft Dealer Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Tobles Kleitman, President of Time Value Property Exchange, Inc., Managing Member

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.

1. The name of the Limited Liability Comp	pany is:	
TVPX Sales, LLC		
2. The name and the Florida street address	of the registered agent and office are:	
Registered Agents L	Legal Services, LLC	
	(Name)	
155 Office Plaza D	Prive, Suite A	
Fiorida Street Ado	dress (P.O. Box NOT ACCEPTABLE)	
Tallahassee	FL 32301	
	City/State/Zip	

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



## The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02138

## January 29, 2007

## TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

### TVPX SALES, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on May 25, 2006.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that, said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: TIME VALUE PROPERTY EXCHANGE, INC.

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: TIME VALUE PROPERTY EXCHANGE, INC., TOBIAS KLEITMAN

The names of all persons authorized to act with respect to real property listed in the most recent filing are: TOBIAS KLEITMAN

In testimony of which, I have hereunto affixed the Great Seal of the Commonwealth on the date first above written.

Villian Francis Gellein

Secretary of the Commonwealth