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SECRETARY OF STATE
AND ANASSEE FI ORID.

D. BRUCE

MAY 27 1008

EXAMINAR

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TH Management (Name of Limited	ent LLC. I Liability Company)
The enclosed "Application by Foreign Limited Liability Florida," Certificate of Existence, and check are submitability company to transact business in Florida	ity Company for Authorization to Transact Business in nitted to register the above referenced foreign limited
Please return all correspondence concerning this matter	er to the following:
Walter Clark (Name	Teagle II
(Name	The same
Tt Manage men	Company) Company) Company
(Firm/	Company) SS 23
200 Cloff R	d, PM : 5 ATE RID
(Ac	ddress)
Mill Neck N (City/State	y //765 and Zip Code)
For further information concerning this matter, please	call:
W. Clark Teagle III (Name of Person)	at (5/6) 330 - 02 05 (Area Code & Daytime Telephone Number)
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 C	TREET ADDRESS: Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, FL 32301
Enclosed is a check for the following amount: \$\sum_{125.00}\$ \text{Filing Fee} \sum_{130.00}\$ \text{Filing Fee & Certificate of State}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate tus Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1 T4 Management LLC.
1
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. <u>I/elaware</u> 3. <u>Jt-0235572</u> (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. 5 1107 (Date of Organization) 5. Per petual (Duration: Year limited liability company will cease to exist or "perpetual")
6. NA
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. Yo Brurry A Diamond, Esquire
9128 W Samuel Rd, Coral Springs FL 33067 FM &
(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:
Walter Clark Teagle II
3339 Virginia St, Apt 310
Coconut grove, FL 33133
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 ranslation of the certificate under eath of the translator must be submitted.)
1. Nature of business or purposes to be conducted or promoted in Florida: Franchise
Operation.
Walter Clark Teagl IF
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.)
Typed or printed name of signce

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 Company is:			
T4 Management, UC			-
If name unavailable, the alternate name to be used in the state of Florida is:			
2. The name and the Florida street address of the registered agent and office are: Borry A Diamond, Esquire (Name) 9728 W. Sample Rd Florida Street Address (P.O. Box NOT ACCEPTABLE) Corol Springs FL 33005 City/State/Zip	SECRE IN YOUR STATE	08 MAY 23 PM 1:54	

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)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "T 4 MANAGEMENT, 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 FOURTEENTH DAY OF MAY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "T 4 MANAGEMENT, LLC" WAS FORMED ON THE ELEVENTH DAY OF MAY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

8300

You may verify this certificate online at corp.delaware.gov/authver.shtml

Warriet Smith Winds

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6590029

DATE: 05-14-08