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SECRETARY OF STATE
ALLAHASSEE, FLORID

W1-10485

J. BRYAN

MAR - 9 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: T+ABG, LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Monte Pollock Name of Person
T+ABG, LLC Firm/Company
810 SATURN ST. STE.16 Address TUPSTER FL 633471 FUR 9
City/State and Zip Code City/State and Zip Code Monte Pol C GMAT L. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Monte Pollack at (S61) 308-2888 Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\int \text{\$130.00 Filing Fee & }\text{\$155.00 Filing Fee & }\text{\$\$160.00 Filing Fee, Certificate }\text{\$\$Certificate of Status}\$\$\$ Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2010

MONTE POLLOCK T&AGB, LLC 810 SATURN ST. STE. 16 JUPITER, FL 33471

SUBJECT: T&ABG, LLC Ref. Number: W10000010485



We have received your document for T&ABG, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 110A00005087

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE ST	THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN - PATE OF FLORIDA:
TIADGIIC	
(Name of Foreign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the alternate Company," "L.L.C," "LLC.")	of transacting business in Florida and attach a copy of the written ate name. The alternate name must include "Limited Liability
2. DELAWATE (Jurisdiction under the law of which foreign limited liability company is organized) 3.	(FEI number, if applicable)
1 . 1	
4. 2 123 10 5 (Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6	ALE TO
(Date first transacted business in Florid (See sections 608.501 & 608.502 F.S. to	determine penalty liability)
7. 810 SATURNST. STE. 1	6 Me m
JUPETER, 7L. 3347 (Street Address of)	Principal Office
8. If limited liability company is a manager-managed co	· · · · · · · · · · · · · · · · · · ·
9. The name and usual business addresses of the managi	ng members or managers are as follows:
Monte Pollock	
810 Saturn St. Ste. 16	
Jupiter, FZ 33477	
0. Attached is an original certificate of existence, no more than 90 days	old, duly authenticated by the official having custody of records in
he jurisdiction under the law of which it is organized. (A photocopy is ranslation of the certificate under each of the translator must be submitted.)	not acceptable. If the certificate is in a foreign language, a
Nature of business or purposes to be conducted or pr	omoted in Florida: FILM + VIDED
Signature of a member or an author (In accordance with section 608.408(3), F.S., t an affirmation under the penalties of perjury the section of the penalties of the pena	he execution of this document constitutes
monte 70	LLOCK
Typed or printed name	me 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 Company is:		
T+ABG,LLC	·	
If unavailable, the alternate to be used in the state of Florida is:		
	PSE 5	-11
2. The name and the Florida street address of the registered agent and office are:	翌 3-8	F
mont E POLLOCK	SEE. F	ED
(Name)	TATE OF	5
810 5A TURN 54 STE 16 Florida Street Address (P.O. Box NOT ACCEPTABLE)	***	
Jugaten FL 33477	•	

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

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "T&ABG 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 THIRD DAY OF MARCH, A.D. 2010.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FIOBLE



AUTHENTICATION: 7846500

DATE: 03-03-10

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