Page 1 of 4



#### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000108836 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045 Phone

: (302)645-7400

Fax Number

: (302)645-1280

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

Email Address: ameweir@yahoo.com

### Foreign Limited Liability Company

Tyr LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H11000108836 3)))

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

1		Tvr LLC		
(Nume of F	oreign Limited Liability Company	y; must invlude "Lin	nited Liability Company." "L.L.C.," or "LLC.")	<del></del>
f name unavailshonsent of the man ompany," "L.L.C	qobs stodmont gnigaram to stagan	or the purpose of wa	nsucting business in Florida and attach a copy of me. The sugmente name must include "Limited L.	the written
· · · · · · · · · · · · · · · · · · ·	Delaware	3.	27-4014983 (FFI number, if applicable)	
company is orga	inized)	ed liability	(FEI number, if applicable)	<del></del>
N	lovember 19, 2010 Data of Organization)	5	perpetual perpetual ration: Year limited liability company will coase	••
7	Date of Organization)	(Du	ration: Year limited liability company will coase st or "perpetual")	10
No busines	s transacted in Florida pri	or to registration	n .	
	(Date first transacted by (See sections 608,501 & 6	siness in Florida, if	prior to registration.)	— <del>}</del>
6601 S. We	estshore Boulevard, Suite	7274		<b>N</b> 5
Tampa, FL	33616			*
	(Sire	ed Address of Princ	ipal Office)	ထူ
If limited liab	bility company is a manager	-managed compa	my, check here	2 44 9: 42
The name an	id usual business addresses c	of the menaging p	nembers or managers are as follows:	ä
Amanda W	/eir, MGRM, 6601 S. Wes	tshore Bouleva	rd, Suite 232, Tampa, FL 33616	
Llam Weir,	MGRM, 6601 S. Westsho	ore Boulevard,	Suite 232, Tampa, FL 33616	
ejurisdiction und	original certificate of existence, no ro or the trov of which it is organized ( officials render eath of the translator)	A photocopy is not a	duly authenticated by the official having custody o ecoptable. If the certificate is in a foreign language	Afreconds in
1. Nature of h	usiness or purposes to be con	nducted or promo	nted in Florida:	
		Any legal purpo	se	`
	1.			
	fig accordance with section (	508.408(3), F.S., the or	d representative of a member, recution of this document constitutes the facts stated hardin are true.)	
	Aman	da Weir, Manag	ging Member	

(((H11000108836 3)))

## 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:			
Tyr LLC			
If unavailable, the alternate to be used in the state of Florida is:			
2. The name and the Florida street address of the registered agent and office are:	روسور درهبس ارهبس	SECF	Į
Ricardo J. Fernandez (Name)	APR 22	REAL PROPERTY.	
6601 S. Westshore Boulevard, Suite 2321 Flurida Street Address (P.O. Box NOT ACCHIFFABLE)	2 姓名	CORPORV	
Tampa, F) 33616 City/Sinte/Zip	Ę	TIONS	
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 register 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)	red		

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00

5.00

(((H11000108636 3)))

# Delaware

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TYR 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 TWENTY-FIRST DAY OF APRIL, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TYR LLC" WAS FORMED ON THE NINETEENTH DAY OF NOVEMBER, A.D. 2010.

4901283 8300 110444167



Joffrey W. Bullock, Socretary of State

DATE: 04-21-11

(((H11000108836 3)))