

MI3000001715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

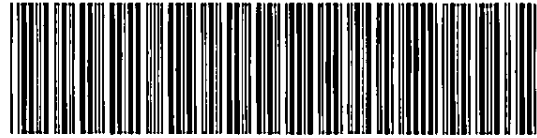
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 AUG 14 PM 12:35
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
AUG 17 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 12, 2017

DARWIN TC GROUP
RICHARD MUTHUA
1085 BUSINESS LN, STE. 9
NAPLES, FL 34110

SUBJECT: DARWIN TC GROUP, LIMITED LIABILITY COMPANY
Ref. Number: M13000001715

RECEIVED
2017 AUG 14 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for DARWIN TC GROUP, LIMITED LIABILITY COMPANY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 717A00014054

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DARWIN TC GROUP, LIMITED LIABILITY COMPANY
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard Muthua

Name of Person

Darwin TC Group

Firm/Company

1085 Business LN Suite 9

Address

Naples, FL 34110

City/State and Zip Code

Richard @darwintcgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Muthua

Name of Person

at (404) 667-0848

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: DARWIN TC GROUP, LIMITED LIABILITY COMPANY

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M13000001715

3. Jurisdiction of its organization: New York

4. Date authorized to do business in Florida: 01/01/2012

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(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 contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Richard Muthua

New Registered Office Address: 1085 Business LN Suite 9

Enter Florida Street Address

Naples

City

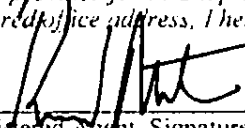
Florida

34110

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 relative 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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>COLLEA, JOSEPH</u>	<u>1085 BUSINESS LANE</u>	<input type="checkbox"/> Add
		<u>SUITE 9 NAPLES, FL 34110</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>RICHARD MUTHUA</u>	<u>1085 BUSINESS LANE</u>	<input checked="" type="checkbox"/> Add
		<u>SUITE 9 NAPLES, FL 34110</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>JON SKLARCZYK</u>	<u>1085 BUSINESS LANE</u>	<input checked="" type="checkbox"/> Add
		<u>SUITE 9 NAPLES, FL 34110</u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
		<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
		<u> </u>	<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Joseph D. Collea III
Signature of the authorized representative

Joseph Collea
Typed or printed name of signee

Filing Fee: \$25.00