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SECRETARY OF STATE
TABLAHASSEE, FLORIDA

K. British CER .. 9 8818

ÇOVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TVa Group LLC.
SUBJECT: 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:
Raphael Ocampo Name of Person
Name of Person
Tya Group LLC Firm/Company
• •
9128 Strada PI # 10115 Address
Naples, FL 34108 City/State and Zip Code
City/State and Zip Code
accounting @ media envy. com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: 213
Raphael Ocempo at 213 Name of Contact Person at 213 Area Code Daytime Telephone Number
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMIT FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA	
1. Tya Group LLC.	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L	LC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name	must include "Limited
Liability Company, "L.L.C," or "LLC.") HG - H & 5 (633)	
2. (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable	:)
4.	14 Si Si
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	L Case
s. 9128 Strada PI, #10115	TANK PASS
Naples, FL 34108 (Street Address of Principal Office)	## 3. [1]
(Street Address of Principal Office)	<u> </u>
6. 9128 Strada Pl # 10115 Naples, FL 34108 (Mailing Address)	RIDE S
Naples, FL 34108	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to mans	age is/are:
Raphael Ocumpo, as Peach Paw, LLC it	-s Manager
20861 Torre Del Lago St	9
Estero, FL 33928	
Attached is an original certificate of existence, no more than 90 days old, duly authenticated having custody of records in the jurisdiction under the law of which it is organized. (A pho	-
acceptable. If the certificate is in a foreign language, a translation of the certificate under or	
must be submitted)	
Signature of an authorized person	
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for the penalties of the penalties of perjury that am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for the penalties of perjury that am aware that any false information submitted in a document to the Department of State constitutes as third degree felony as provided for the penalties of perjury that am aware that any false information submitted in a document to the Department of State constitutes as third degree felony as provided for the penalties of perjury that are the penalties of perjury that are the penalties of perjury that the penalties of perjury that are the penalties of perjury that the penalties of penal	
By: Peach Paw LLC, its manager Raphael Ocampo, its sole manager Typed or printed name of signee	
Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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: Tya Group LLC.				-
If unavailable, the	ne 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:					- -
	Raphael Ocampo (Name)		SECRETARY I	14 AUG 29	g manage
	(Name)		- 1:0F S	P	
	(Name) 2086/ Torre Del Lac	30 St	TATE ORID	§7:1	
	Florida Street Address (P.O. Box NOT ACCEPTABLE))	- >		
	Estero FL 3	3928	_		
	City/State/Zip				
	ned as registered agent and to accept service of process fo		stated lin	nited	

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 605, 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 "TYA GROUP, 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-EIGHTH DAY OF AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TYA GROUP, LLC" WAS FORMED ON THE ELEVENTH DAY OF FEBRUARY, A.D. 2014.

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

14 AUG 29 PH 4: 45
SECRETARY OF STATE
AND ANASSEF FI ORIDA

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141121518

AUTHENTICATION: 1656237

DATE: 08-28-14

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