M14 000006611

(Re	equestor's Name)	
. (A d	ldress)	
(Ad	ldress)	· - · · · · · · · · · · · · · · · · · · ·
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		į
May -	Office Use On	lv



200263753762

08/27/14--01023--004 **130.00

14 SEP 15 AM IO: 08
SECRETARY OF STATE
FALLAHASSEE, THORIDA

ra~



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 4, 2014

RAPHAEL OCAMPO 9128 STRADA PL #10115 NAPLES, FL 34108

SUBJECT: TYA GROUP, LLC Ref. Number: W14000053913

We have received your document for TYA GROUP, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 414A00018844

COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: Tya Group	ame of Limited Liability Company	<u> </u>
The enclosed "Application by Foreign Limited Li Existence, and check are submitted to register the		
Please return all correspondence concerning this r	matter to the following:	
Raphael	Ocampo Name of Person	
Tya Gr	OUP, LLC Firm/Company	
	Address	
	S, FL 34108 City/State and Zip Code Media envy. com ass: (to be used for future annual report notification)	·
raphaelo @ E-mail addre	media envy. com ss: (to be used for future annual report notification	n)
For further information concerning this matter, plo Raphael Oca Name of Contact Person		-7490 SS 25 SE
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	P 15 AH 10: 08 ASSEE FLORIDA
Enclosed is a check for the following amount \$125.00 Filing Fee S130.00 Filing Certificate	ling Fee & 🔲 \$155.00 Filing Fee & 🗀	1 \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 803.0902, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Tya (100P, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(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 of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C," or "LLC.")
2. Delaware 3. 46-4856331 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
company is organized) (FEI number, it applicable)
4. 9-1-2014
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
s. 9128 Strada Pl, # 10115
Naples, FL 34108 (Street Address of Principal Office)
(Street Address of Principal Office)
6. 9128 Strada Pl # 10115
Naples, FL 34108 (Mailing Address)
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are.
Dy: Peach Paw, LLC, manager
by: Raphael Ocampo, its sole manager 20861 Torre Del Lago Estero, FL 33928 55 5
20861 Torre Del Lago Estero, FL 33928 50 5
8. 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 translation of the certificate under oath of the translator
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 the facts stated herein are train aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
Peach Paw, LLC, manager
Peach Paw, LLC, manager by: 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 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)
20861 Torre Del Lago St
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Ester FL 33928 FS TO SEE TO SE
City/State/Zip
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 605, Florida Statutes. (Signature)

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00

5.00

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 SEP 15 AH 10: 08
SECREJARY OF STATE

5480408 8300

141121518

AUTHENTY CATION: 1656237

DATE: 08-28-14

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