M14000006890

(Re	questor's Name)		
. (Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
/Bu	siness Entity Nam	20)	
(Du	Siness Enuty Nan	ie)	
(Do	cument Number)		
Certified Copies	ertified Copies Certificates of Status		
Special Instructions to I	Filing Officer:		
,		ĺ	
1			
		1	
		1	
		1	

Office Use Only



200263647922

09/04/14--01014--003 **130.00



SEP 24 2014 T CLINE

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 10, 2014

SAMUEL SAUNDERS 343 GOLD ST 1508 BROOKLYN, NY 11021

SUBJECT: T2 STRATEGIC CONSULTING LLC

Ref. Number: W14000055317

We have received your document for T2 STRATEGIC CONSULTING 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Tammi Cline Regulatory Specialist II

Letter Number: 414A00019356

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO:

Registration Section

	- · ·	ne of Limited Liability Company
		bility Company for Authorization to Transact Business in Florida," Certifiabove referenced foreign limited liability company to transact business in I
eturn all co	orrespondence concerning this m	natter to the following:
5	Samuel Saunders	
_		Name of Person
-		Firm/Company
3	343 Gold St 1508	Firm/Company Address City/State and Zip Code
-		Address
E	Brooklyn NY 11021	·····································
_		City/State and Zip Code
s	am@s2.com	
_	E-mail address	s: (to be used for future annual report notification)
her inform	ation concerning this matter, ple	ase call:
Samue	el Saunders	917 3017289
	Name of Contact Person	Area Code Daytime Telephone Number
Division Registrate P.O. Box	of Corporations ion Section 6327 see, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

IN COMPLIANCE WITH SECTION 605 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO	TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: T2 Strategic Consulting LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") T2 Consulting Group LLC	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must in Liability Company." "L.L.C," or "LLC.")	aclude "Limited
Delaware 2 3.	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number. if applicable)	
September 1 2014	70 7
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	Fig. 88
228 Park Ave S, #99224	72
New York, NY 10003	
(Street Address of Principal Office)	77
(same as principal office)	高 2
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is	
Samuel Saunders (AP), 228 PARK AVE S. #99224 NY, NY 100	03
Michael Anderer (AP), 11 BAYMONT ST. #704, CLENEWATER,	FL
3	3767
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated behaving custody of records in the jurisdiction under the law of which it is organized. (A photocopy acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of must be submitted) Signature of an authorized person the accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the fact am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$ 8 amuel Saunders	y is not the translator
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.

	of the Limited Liability Company is: Consulting LLC		
If unavailable, T2 Consultin	the alternate to be used in the state of Florida is: g Group LLC		
2. The name a	and the Florida street address of the registered agent and office are:	1 60	14 SEP
	Samuel Saunders		Ñ
	(Name)		77) TAI
	11 Baymont Street #704		1: 20
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Clearwater Beach 33767		
	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)

\$ 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

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "T2 STRATEGIC CONSULTING 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 EIGHTEENTH DAY OF AUGUST, A.D. 2014.

5560441 8300

141082935

AUTHENTY CATION: 1629059

DATE: 08-18-14

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