## M1 500 0000061

(Re	questor's Name)				
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phone	e#) .			
PICK-UP	WAIT	MAIL .			
(Ви	siness Entity Nar	ne)			
(Do	ocument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
<b>a</b>	Office Use On	lv			



000267128510

12/05/14--01006--003 \*\*125.00

15 JAN -2 AM 7: 38
SECRETARY OF STATE
FALLAHASSIE FLORIDA

Lanivers JAN 05 2015



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 11, 2014

JOHN DABSON 69 E PINE ST ORLANDO, FL 32801

SUBJECT: TEAM MANAGEMENT GROUP LLC

Ref. Number: W14000073847

We have received your document for TEAM MANAGEMENT GROUP LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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: 514A00026159

#### **COVER LETTER**

то:		tion Section of Corporation	s				•
SUBJE	:ст:	Toan	Manage	f Limited Liability	6004	LL	
			Name o	i Limited Liability	Company /		
The end Existen	closed "App ce, and che	plication by Fore ock are submitted	eign Limited Liabilit I to register the abov	ty Company for A ve referenced fore	uthorization to Tra ign limited liabilit	ansact Business y company to tra	in Florida," Certificate of ansact business in Florida
Please 1	return all co	orrespondence c	oncerning this matte	r to the following	:		
	_		Jahr	Name of Pers	<u>bson</u>	11-20-11-11-11-11-11-11-11-11-11-11-11-11-11	
				Name of Fers	on		
	_			Firm/Compa	ny		
	-	60	E,	P- ~	0 54		
	-	orl	ando,	City/State and Zip	32 (	301	
	_		E-mail address: (to	be used for future	marke-	taro	0.00
For furt	her inform	ation concerning	this matter, please	call:			
		John Name of	Dabso Contact Person	at ( 4	07 ea Code Da	4-72 ytime Telephone	Number
	Division of Registrati P.O. Box	G ADDRESS: of Corporations on Section 6327 ee, FL 32314	]	STREET ADDR Division of Corpo Registration Secti Clifton Building 2661 Executive C Fallahassee, FL 3	rations on enter Circle		
Enclos	sed is a cl \$125.0	neck for the fo	ollowing amount  \$130.00 Filing F  Certificate of St	ee & 🔲 \$155	00 Filing Fee & fied Copy		ling Fee. Certificate c 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 SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Octaware Management 6500 1/2 (If name unavailable, enter alternate name adopted for the purpose of fansacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is 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)

Typed or printed name of signee

Signature of an authorized person
(In accordance with section 605.0203, E-S., the execution of this document constitutes an affirmation under the penalties of perjuty that the facts stated herein are true. 1

am 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.)

## 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:
Tean Management broup LLC
If unavailable, the alternate to be used in the state of Florida is:
Delarare Management Group LLC
2. The name and the Florida street address of the registered agent and office are:
10h_ 00bso~
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Oclado FL 3280 \ 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 1

### The First State

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

DELAWARE, DO HEREBY CERTIFY "TEAM MANAGEMENT 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 TWENTIETH DAY OF NOVEMBER, A.D. 2014.

15 JAN - 2 AM 7: 38
SECRETARY OF STATE

5418907 8300

141434623

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 1887235

DATE: 11-20-14

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