11150000216

(Re	equestor's Name)		
(Address)			
(Ad	dress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



800270195068

03/05/15--01016--004 **125.00

15 HAR -5 PH 3:0

LC FOR

MAR 24 2015

R. WHITE

COVER LETTER

Division of Corpor						
SUBJECT: TSM I	VESTME	NTS, L	LC			
		of Limited Lia				
The enclosed "Application b Existence, and check are sub						
Please return all corresponde	ence concerning this ma	tter to the follo	wing:			
Clair	e R. Water	s, CP,	FRP			_
		Name o	f Person	_		
Doar	ne & Doane	e, P.A.				
		Firm/Co	ompany			-
2000	PGA Blvd.	., Suite	4410			
		Add	lress			-
North	า Palm Bea	ch, FL	33408	3		
		City/State ar				_
cwate	ers@doane					
			uture annual repo	ort notificati	on)	
For further information conc	-	e call:				
Claire R.		at	<u>(561</u>		0207	_
	ame of Contact Person		Area Code	Dayti	me Telephone Number	
MAILING ADDR Division of Corpora Registration Section P.O. Box 6327 Tallahassee, FL 323	ations 1	STREET Al Division of C Registration Clifton Build 2661 Execut Tallahassee,	Corporations Section ling ive Center Circ	le		
Enclosed is a check for ■ \$125.00 Filing F	_	g Fee & □	\$155.00 Filing Certified Copy		□ \$160.00 Filing Fee, of Status & Certified	

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:

If name unavailable, enter alternate name adopted for the pur .iability Company." "L.L.C," or "LLC.")	rpose of transacting business in F	lorida. The alternate name must include "L
Delaware	_{3.} 47-64071	14
(Jurisdiction under the law of which foreign limited liabilit company is organized)		(FEI number, if applicable)
(Data Gret transcated by	usinons in Florido if avior to rouis	(tention)
(See sections 605.0904 &	usiness in Florida, if prior to regis 605.0905, F.S. to determine pena	tration.) Ity liability)
2463 Windsor Road		
Palm Beach Gardens, FL 3	3410	क्रिके जि
·	et Address of Principal Office)	
SAME		(c) (n) =
	(Mailing Address)	<u> </u>
7. The name, title or capacity and address of t	the person(s) who has/hav	ve authority to mahage is/are:
	•	
7. The name, title or capacity and address of to Timothy S. Marshall, Manager	•	
	•	
Timothy S. Marshall, Manager 2463 Windsor Road		
Timothy S. Marshall, Manager 2463 Windsor Road Palm Beach Gardens, FL 334	110	ve authority to mahage is/are:
Timothy S. Marshall, Manager 2463 Windsor Road Palm Beach Gardens, FL 334 3. Attached is an original certificate of existence	L10 ce, no more than 90 days	old, duly authenticated by the o
Timothy S. Marshall, Manager 2463 Windsor Road Palm Beach Gardens, FL 334 3. Attached is an original certificate of existent aving custody of records in the jurisdiction units and the second of the	ce, no more than 90 days	old, duly authenticated by the or sorganized. (A photocopy is not
Timothy S. Marshall, Manager 2463 Windsor Road Palm Beach Gardens, FL 334 3. Attached is an original certificate of existence	ce, no more than 90 days	old, duly authenticated by the or sorganized. (A photocopy is not
Timothy S. Marshall, Manager 2463 Windsor Road Palm Beach Gardens, FL 334 3. Attached is an original certificate of existent aving custody of records in the jurisdiction uncceptable. If the certificate is in a foreign langer	ce, no more than 90 days	old, duly authenticated by the or sorganized. (A photocopy is not
Timothy S. Marshall, Manager 2463 Windsor Road Palm Beach Gardens, FL 334 3. Attached is an original certificate of existent aving custody of records in the jurisdiction uncceptable. If the certificate is in a foreign language nust be submitted)	ce, no more than 90 days	old, duly authenticated by the of sorganized. (A photocopy is not ecertificate under oath of the trans

Timothy S. Marshall

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.

TSM INVESTMENTS, LLC

If unavailable, the alternate to be used in the state of Florida is:

TSK INVESTMENTS, LLC

2. The name and the Florida street address of the registered agent and office are:

Timothy S. Mars	hall			
	(Name)			
2463 Windsor Road				
Florida Street Address (P.O. Box NOT ACCEPTABLE)				
Palm Beach Gardens	_{FL} 33410			
	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)



PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "TSM INVESTMENTS, 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 FEBRUARY, A.D. 2015.

5498723 8300

150193389

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 2129153

DATE: 02-18-15

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