

M15000005048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

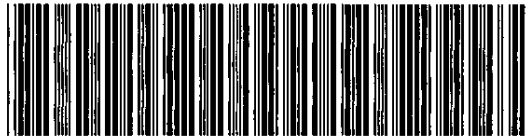
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 JUN 26 P 4:24

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JUN 26 2015

Handwritten signature/initials

JUN 26 2015

T SCHROEDER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 28, 2015

JONATHAN BLOOM, ESQ
2295 NW CORPORATE BLVD
#117
BOCA RATON, FL 33431

SUBJECT: TEMPO, LLC
Ref. Number: W15000037734

We have received your document for TEMPO, 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):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name 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.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is 513336 (TEMPO, INC.).

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.

Terri J Schroeder
Regulatory Specialist II

Letter Number: 615A00011224

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tempo At Boca, LLC

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:

Jonathan Bloom, Esq.

Name of Person

Bloom & Freeling

Firm/Company

2295 NW Corporate Blvd., Suite 117

Address

Boca Raton, Florida 33431

City/State and Zip Code

jbloom@bloom-freeling.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Bloom, Esq.

561

864-0000

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TEMPO AT BOCA, 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. New Jersey 3. 223723821
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. _____
3500 S. Ocean Blvd., Unit 105, Palm Beach, Florida 33480
(Street Address of Principal Office)


6. _____
3500 S. Ocean Blvd., Unit 105, Palm Beach, Florida 33480
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Angela Seeman
Office Address: 3500 S. Ocean Blvd., Unit 105
Palm Beach, Florida 33480
(City) (Zip code)

Registered agent's acceptance:

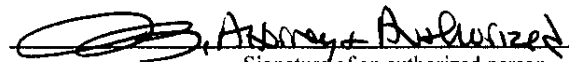
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Heidy Seeman, Manager
Angela Seeman, Manager

9. Attached is a 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. (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 true. I 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.)

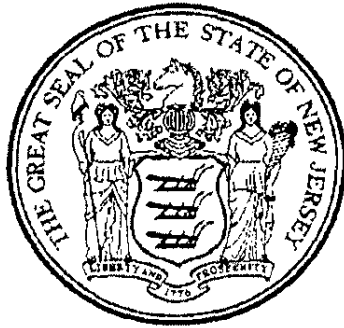
Jonathan Bloom, Attorney and Authorized
Typed or printed name of signee

FILED
2015 JUN 26 P 4:24
CLERK OF THE STATE
OF FLORIDA

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
FILING CERTIFICATION (CERTIFIED COPY)

TEMPO AT BOCA, LLC
0600088182

*I, the Treasurer of the State of New Jersey,
do hereby certify, that the above named business
did file and record in this department a
Certificate of Amendment on June 24th, 2015
and that the attached is a true copy of this
document as the same is taken from and compared
with the original(s) filed in this office and now
remaining on file and of record.*



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
24th day of June, 2015*

Andrew P Sidamon-Eristoff
State Treasurer

Certificate Number: 136769246

Verify this certificate online at

https://www1.state.nj.us/1YTR_StandingCert/ISP/Verify_Cert.jsp