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SCORETARY OF STATE

JUL 1 0 2015 S. YOUNG

#### **COVER LETTER**

r,

TO:		tion Section of Corporation	18						
SUBJE		ERTAIL SERV	ICES LLC						
		,	Name of	Limited Liability	Company				
			eign Limited Liability Com d to register the above refer						
Please r	eturn all c	orrespondence o	concerning this matter to the	following:					
		DAVID M LIC	BERMAN, CPA, TRUSTEE						
			N	lame of Person					
		DAVID M LIC	SERMAN, CPA						
			F	irm/Company		· · · · · · · · · · · · · · · · · · ·			
		2715 TIGERTA	AIL AVENUE, APT 407						
				Address				ज	
		MIAMI, FL 33	133				F		17
		<del></del>	City/S	State and Zip Code				5	LED
	d	avidligepa@gm	ail.com						0
			E-mail address: (to be use	d for future annual	report not	tification)	4 ; ; ;	2:50	
For furt	her inform	ation concernin	g this matter, please call:				7		
	DAVID	M LIGERMAN	ſ	305	530-85	30			
		Name o	f Contact Person	Area Code	Day	time Telephone Nur	nber		
	Division Registrat P.O. Box	of Corporations ion Section 6327 see, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section duilding ecutive Center Circle see, FL 32301	:		
Enclose		k for the follow 00 Filing Fee	ing amount:  ☐ \$130.00 Filing Fee &  Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	□ \$160.00 Filing of Status & Certifi			

### 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:

	ES LLC cign Limited Liability Company; must include "Lim	ited Liability Company," "L.L.C.," or	"LLC.")
If name unavailable, enter a Liability Company," "L.L.C,	Iternate name adopted for the purpose of transacting ," or "LLC.")	business in Florida. The alternate nar	ne must include "Limited
DELAWARE	3. 30-04	70029	
company is organized)	of which foreign limited liability	(FEI number, if applicable	)
I. <u>N/A</u>			
	(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to determine the section of the section	prior to registration.)	_
3. 2715 TIGERTAIL AV			_
MIAMI, FL 33133			
	(Street Address of Principal Office	)	
6. PO BOX 331925			_ 平線 の
MIAMI, FL 33233-192	25		一種自力
	(Mailing Address)		
Name and street addres	ss of Florida registered agent: (P.O. Box NOT	'accentable)	THE POT
	DAVID M LIGERMAN, CPA, TRUSTEE	_ucceptusic)	
Name:			232 12
Office Address:	2715 TIGERTAIL AVENUE, APT 407		5月 8
	MIAMI	, Florida 33133	_
	(0'; )		
		(Zip code)	
laving been named as re his application, I hereby with the provisions of all	otance: egistered agent and to accept service of process accept the appointment as registered agent an statutes relative to the proper and complete pe ition as registered agent.	(Zip code)  s for the above stated corporation ad agree to act in this capacity. I  rformance of my duties, and I an	further agree to compl
laving been named as re his application, I hereby with the provisions of all	stance: egistered agent and to accept service of process accept the appointment as registered agent an statutes relative to the proper and complete pe	(Zip code)  s for the above stated corporation ad agree to act in this capacity. I  rformance of my duties, and I an	further agree to compl
laving been named as re his application, I hereby with the provisions of all he obligations of my post	otance: egistered agent and to accept service of process accept the appointment as registered agent an statutes relative to the proper and complete pe ition as registered agent.	(Zip code)  s for the above stated corporation ad agree to act in this capacity. I  rformance of my duties, and I an  pature)	further agree to compl
laving been named as re his application, I hereby with the provisions of all he obligations of my post B. The name, title or capa	ptance: egistered agent and to accept service of process accept the appointment as registered agent an statutes relative to the proper and complete pe ition as registered agent.  (Registered agent's signateity and address of the person(s) who has/have	(Zip code)  s for the above stated corporation ad agree to act in this capacity. I  rformance of my duties, and I an  pature)	further agree to compl
Having been named as rehis application, I hereby with the provisions of all the obligations of my postable.  The name, title or capa DAVID M LIGERMAN,	otance: egistered agent and to accept service of process accept the appointment as registered agent an statutes relative to the proper and complete pe ition as registered agent.  (Registered agent's signacity and address of the person(s) who has/have	(Zip code)  s for the above stated corporation ad agree to act in this capacity. I  rformance of my duties, and I an  pature)	further agree to compl
Having been named as rehis application, I hereby with the provisions of all the obligations of my postable. The name, title or capa DAVID M LIGERMAN, 2715 TIGERTAIL AVEN	otance: egistered agent and to accept service of process accept the appointment as registered agent an statutes relative to the proper and complete pe ition as registered agent.  (Registered agent's signacity and address of the person(s) who has/have	(Zip code)  s for the above stated corporation ad agree to act in this capacity. I  rformance of my duties, and I an  pature)	further agree to compl
his application, I hereby with the provisions of all the obligations of my postable.  8. The name, title or capa DAVID M LIGERMAN, 2715 TIGERTAIL AVEN MIAMI, FL 33133	egistered agent and to accept service of process accept the appointment as registered agent and statutes relative to the proper and complete perition as registered agent.  (Registered agent's signatity and address of the person(s) who has/have CPA, TRUSTEE  NUE, APT 407	(Zip code)  Is for the above stated corporation and agree to act in this capacity. I  Informance of my duties, and I an  Informance of my duties and I an  Informance of my duti	further agree to complete familiar with and accomplete familiar with an accomplete familiar with an accomplete familiar with an accomplete familiar with a familiar with an accomplete familiar with a familiar with an accomplete familiar with an accomplete familiar with a fam

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

## Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "TIGERTAIL SERVICES 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 FIFTH DAY OF MAY, A.D. 2015.

FILED

18 Jul -9 PM 2:50

18 Jul -9 PM 2:50

4506841 8300

150479451

Jeffrey W. Bullock, Secretary of State

AUTHENT CATION: 2348819

DATE: 05-05-15

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