# Mkaaassal

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

Office Use Only



600287199656

RECEIVED DEMAINING AND

16 JUN 21 PM 1:36

SECRETARY OF STATE FALLAHASSEE, FLORIDA

JUN 24 2016 S. YOUNG CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 22, 2016

**CORPORATION SERVICE COMPANY - MELISSA** 

Please the riginal submission call as file date.

Having fulfilled the requirements of section 607.1503 or 617.1503, Florida Statutes, on June 21, 2016, this Certificate of Authority is hereby issued to TL2Q LLC, a New York corporation, in accordance with said statute and assigned document number

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added.

F16000002796. Please refer to this number whenever corresponding with this office.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Apply today with the IRS online at:

https://sa.www4.irs.gov/modiein/individual/index.jsp.

Please notify this office if the corporate address changes.

Should you have any questions regarding this matter, please contact this office at (850) 245-6051.

Shelia H Young Regulatory Specialist II Registration Section Division of Corporations

Account number: I2000000195

Letter Number: 116A00013081

Amount charged: 70.00

#### COVER LETTER

TO:	Registration Section Division of Corporation	ns					
SUBJE	TL2Q LLC						
CODOL	O1	Name of	Limited Liability	Company			
The enc Existence	losed "Application by For ce, and check are submitte	eign Limited Liability Com d to register the above refer	pany for Authoriza enced foreign limi	ntion to Tra ted liability	ansact Business in Florida," Co y company to transact business	ertificate of in Florida	
Please r	eturn all correspondence o	concerning this matter to the	following:		·		
		· Ja	imes Pellen				
		N	ame of Person		<del> </del>		
		7	TL2Q LLC				
		Firm/Company					
477 Madison Avenue 10th Floor							
		16 JUN 21 AM 8: 57					
		New York, NY 10034					
		City/State and Zip Code					
James.Pellen@tl2q.nyc  E-mail address: (to be used for future annual report notification)							
Eos food	har i-farmatian aangawia	•	d for future annual	report not	incation)		
roi luiti	her information concerning	g tills matter, please can.	212	252.17	16		
	James Pellen	f Contact Person	at (	359-17 	time Telephone Number		
	Name	1 Contact 1 Cison	Alta Code	-	•		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	,		Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301		
Enclose	d is a check for the follow  ■ \$125.00 Filing Fee	ing amount:   \$\preceq\$ \$\\$130.00 \text{ Filing Fee & Certificate of Status}\$	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certi of Status & Certified Copy	ficate	

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

IN COMPLIANCE WITH SECTION 605.0802, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

TL2Q LLC						
(Name of For	eign Limited Liabitity Company; mus	t include "Limite	d Liability Compan	y," "L.L.C.," or "	'LLC.")	
N/A						_
(If name unavailable, enter a Liability Company," "L.L.C,	Iternate name adopted for the purpose " or "LLC.")	of transacting bu	siness in Florida. T	he alternate nam	e must include "Lim	iited
2. New York		3.		5676811		
(Jurisdiction under the law company is organized)	of which foreign limited liability	<u></u> -	(FEI numb	er, if applicable)		•
4. <del>1/4.</del> 5/31	12016				_	
	(Date first transacted busines (See sections 605.0904 & 605.0	ss in Florida, if pr 0905, F.S. to dete	nor to registration.) mine penalty liabil	lity)		
5	· · · · · · · · · · · · · · · · · · ·				-	
477'Madison Avenue	0th Floor, New York NY 10022					
	(Street Address of P	rincipal Office)			•	
6					•	<u>.</u> >
477 Madison Avenue	0th Floor, New York NY 10022					<u>ص</u> ر
	(Mailing A	(ddress)				<b>=</b> :
7. Name and street addres	s of Florida registered agent: (P.0	D. Box NOT ac	cceptable)			JUN 21
Name:	Corporation Service Company					R !
Office Address:	1201 Hays Street					<u>ن</u>
	Tallahassee		, Florida 32	2301		57
	(City)		,	(Zip code) ·	,	
designated in this applicate to complywith the provision	gistered agent and to accept servition, I hereby accept the appoints ons of all statutes relative to the pny position as registered agent. Corporation Service Company By:	nent as register proper and com	ed agent and agr	ee to act in this ee of my duties,	s capacity. I furth and I am familia Melissa Zenc	er agree r with and der
	(Registe	red agent'signat	ure)	As	sst. Vice Presi	ident
8. The name, title or capa James Pellen, CEO	city and address of the person(s)	who has/have au	nthority to manage	: is/are:		
4-77 Madison	Avenue , 10th FL	New York	K. NY 10	0022		
jurisdiction under the law of the translator must be su  This document is executed	Signature of State constitute	f an authorized po	erson  ida Statutes. I am	a translation of t	the certificate unde	
	Typed or pri	nted name of sign	ice			

## State of New York Department of State } ss:

I hereby certify, that TL2Q LLC a NEW YORK Limited Liability Company filed a Certificate of Conversion pursuant to the Limited LIability Company Law on 05/31/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 08th day of June two thousand and sixteen.

Anthony Giardina

**Executive Deputy Secretary of State** 

201606090552 \* 45

SECRETARY OF STATE FALLAHASSEE. PLOSES