

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FITL ASSOCIATES, 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:

(BRENDA RIFFEE)
Name of Person

FITL ASSOCIATES, LLC
Firm/Company

8668 NAVARRE PKWY SUITE 131
Address

NAVARRE FL 32566
City/State and Zip Code

b.riffee7@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRENDA RIFFEE at (850) 375-3786
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



- Incorporate in 50 States
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- Dissolution/Cancellation of Charter
- Amendments
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3422 Old Capitol Trail, Suite 700 - Wilmington, Delaware 19808 USA
Ph 1.800.423.2993 (1.302.996.5819) - Fax 1.800.423.0423 (1.302.996.5818)
support@dbiglobal.com - www.dbiglobal.com

January 19, 2017

Division of Corporations
Registration Section
P.O Box 6327
Tallahassee, FL 32314

Re: Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida

Dear Ladies and Gentlemen:

Enclosed please find **Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida** for the above FITL Associations LLC together with a check for \$125.00


If you require any further information, payment or documentation to effect the **Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida** of this foreign corporation, please contact me by phone at 302-996-5819, fax 646-349-4780 or email Support@DBIGlobal.com.

Please return the proof of filing by email or fax or if these options are not available to:

Attn: Barbi Reynolds
Delaware Business Incorporators, Inc.
3422 Old Capitol Trail Ste 700
Wilmington DE 19808

Thank you for your kind assistance.

Sincerely,


Barbi Reynolds, Incorporation Specialist

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. FITL ASSOCIATES 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 CASTLE, DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)

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

5. 8668 NAVARRE PKWY SUITE 131 NAVARRE, FL 32566 (Street Address of Principal Office)

6. SAME AS ABOVE (Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: JEFFREY J. HEDDY, CPA Office Address: 6202 N. 9th Avenue, Suite 6 PENSACOLA, Florida 32502 (City) (Zip code)

FILED JAN 23 10 34 AM 2011 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Registered agent's acceptance: 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 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: BRENDA RIFFEE ALLEN RIFFEE MANAGING MEMBER MEMBER 2129 VILVA CT. NAVARRE FL 32566 2129 VILVA CT. NAVARRE, FL 32566

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)

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.

BRENDA RIFFEE Typed or printed name of signee

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FITL ASSOCIATES 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 NINTH DAY OF JANUARY, A.D. 2017.



6274724 8300

SR# 20170100046

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 201840727

Date: 01-09-17