M1700001832

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	t Number)
Certified Copies	Certificates of Status
,	
Special Instructions to Filing (Officer:
-6	
(35)	W17-11481
<u> </u>	

Office Use Only



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02/07/17--01017--003 **125.00

SECRETARY OF SINE

MAR 0 3 Z017 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2017

JAMES REED MASON STREET ADVISORS, INC 9625 WEST KEARNEY WAY RIVERVIEW, FL 33578

SUBJECT: FTBB, LLC

Ref. Number: W17000011481

We have received your document for FTBB, 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.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 917A00002585



COVER LETTER

TO:	Registration Section Division of Corporatio	ns				
SUBJ	FTBB, LLC					
SODO	BC1	Name of	Limited Liability (Company		•
		reign Limited Liability Comp ed to register the above refero				
Please	return all correspondence	concerning this matter to the	following:			
	James Reed					
		N	ame of Person			•
	Mason Street A	Advisors, Inc.				
Firm/Company						•
	9625 Wes Kea	rney Way	_			7 - 25
	Address					
	Riverview, FL	33578				- - 1
	City/State and Zip Code					
	reed5115@gmai					61:11:16 61:00:00 61:00:00 61:00:00
		E-mail address: (to be used	d for future annual	report not	tification)	, a Öm
For fu	rther information concernir	ig this matter, please call:				
	James Reed		813 at (927-83	95	
	Name o	of Contact Person	Area Code	Day	rtime Telephone Number	•
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
Enclos	sed is a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Co	

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. FTBB, LLC				
(Name of Fore	eign Limited Liability Co	ompany; must include "Limi	ted Liability Company," "L.L.C.," or "L	LC.")
FTBBOOK	F Florida	LLC	business in Florida. The alternate name i	
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted fo	r the purpose of transacting	business in Florida. The alternate name i	mist include "Limited
2. Delaware		3.	(FEI number, if applicable)	
(Jurisdiction under the law company is organized)	of which foreign limited	l liability	(FEI number, if applicable)	
4. February 3, 2017	/IN 4 . C			
		acted business in Florida, if 0904 & 605.0905, F.S. to do	prior to registration.) stermine penalty fiability)	
5. 9625 Wes Kearney Wa	ny		4 1 2 2 2	
Riverview, FL 33578				
0626 Wee Vacana Wee	•	Address of Principal Office)	→ , ≥ 0
6. 9625 Wes Kearney Way	Σ΄			7 5
Riverview, FL 33578				EB AAA
		(Mailing Address)		1 85 F
7. Name and street address	ss of Florida registered	Lagent: (P.O. Box NOT	_acceptable)	
Name:	James Reed			
Office Address:	9625 Wes Kearney	Way		AM II: 40
Office Address.	D.:		22679	1794
	Riverview	(0)	, Florida 33378 (Zip code)	
Registered agent's accep	tance:	(City)	(Zip code)	
designated in this applica	tion, I hereby accept ons of all statutes rela	the appointment as regis. utive to the proper and co red agent.	s for the above stated limited liability tered ugent and agree to act in this complete performance of my duties, a	capacity. I further agree
		(Registered agent's sig	nature)	
8. The name, title or capa	acity and address of th	e person(s) who has/have	authority to manage is/are:	
Moose Investments of Tar	mpa, LLC, Manager			
9625 Wes Kearney Way				
Riverview, FL 33578				
	of which it is organize	ed. (If the certificate is in	uthenticated by the official having cu a foreign language, a translation of the Horze Querson	he certificate under oath
	10	Signatur of an authorize	diversion	with of maye, ac
This document is avacutad			lorida Statutes. I am aware that any f	
	o the Department of St		tree felony as provided for in s.817.1	
	James M Reed			

Typed or printed name of signee

Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "FTBB, 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 SIXTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FTBB, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JANUARY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

TALLAHASSEE TESTOA

e at corp delaware spy/au

Authentication: 201830405

Date: 01-06-17

4934163 8300 SR# 20170094830