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(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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W7-24982							

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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 23, 2017

MARY MACLEAN 501 N ORLANDO AVE STE 313-306 WINTER PARK, FL 32789

SUBJECT: TITAN CONSULTING & INVESTMENTS, LLC

Ref. Number: W17000024982

We have received your document for TITAN CONSULTING & INVESTMENTS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not 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.

Octavia I Simmons Regulatory Specialist II

Letter Number: 217A00005599

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO:

Registration Section

Div	rision of Corporatio	MIS							
SUBJECT:	Titan Consulting & Investments, I.I.C								
	Name of Limited Liability Company								
					ansact Business in Florida,* Co y company to transact business				
Please return	all correspondence	concerning this matter to the	following:						
	Mary Ann Ma	rtean							
	Name of Person								
	Titan Consulting & Investments, LLC								
	Firm/Company								
	1170 Tree Swallow Drive #120								
Address									
	Winter Springs, FL 32708-2826								
	······································	City/S	tate and Zip Code						
	TitanConsulting	and Investments @gmail.com							
		E-mail address: (to be use	d for fixure annual	report no	ofication)				
For further in	nformation concernir	ig this matter, please call:	,						
Mary Ann MacLean			407 at (434-18					
	Name (of Contact Person	Area Code	Day	time Telephone Number				
MAILING ADDRESS: Division of Corporations Registration Section		STREET ADDRESS: Division of Corporations Registration Section							
P.Ó. Box 6327 Tallahassee, FL 32314			Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						
	check for the follow								
ū\$	125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

(City) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered agent's acceptance: Office Address: 3030 N. Rocky Point Drive, Ste. 150A Tampa Registered agent's acceptance: (City) Registered agent's acceptance: (City) Registered agent's acceptance: (City) Registered agent's acceptance: (Registered agent's acceptance) (Registered agent agent's acceptance) (Registered agent's acceptance) (Registered agent agent's acceptance) (Registered agent agent's acceptance) (Registered agent's acceptance) (Registered agent agent's acceptance) (Registered agent's acceptance)	1. Titan Consulting & Inv				gar middler was all research o de die Fel (18) All (18) A
Ill name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company." LLC." or "LLC."] State of Wyoming Jaste of W			it include "Limited Lia	hility Company," "L.L.C.," or "LLC.")
2. State of Wyoming (Juristician under the law of which foreign limited liability company is organized) 1. N/A - None Yet (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 5. 3030 N. Rocky Point Drive, Stc.150A Tampa, FL. 33607 (Street Address of Principal Office) 6. 1170 Tree Swallow Drive #120 Winter Springs, FL 32708-2826 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 8. Registered Agents, Inc. Office Address: 3030 N. Rocky Point Drive, Stc.150A Tampa (City) Registered agent and to accept service of process for the above started limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and to accept service of process for the above started 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 camplywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an 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: Mary Ann MacLean, Manager Member. 1170 Tree Swallow Drive #120, Winter Springs, FL 32708-2826 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official liaving 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) 3. Registered fan anthorized person This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. 1 am aware that any false information	(If name unavailable, enter a	Iternate name adopted for the purpose	of transacting busines	ss in Florida. The alternate name must	include "Limited
Company to graphed Company to graphed		,	3 81-2688059		
(City) 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 further agree to complywith 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: Mary Ann MacLean. Manager Member. 1170 Tree Swallow Drive #120, Winter Springs, FL 32708-2826 (Registered agent's signature) 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) This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information	(Jurisdiction under the law	of which foreign limited liability	J	(FEI number, if applicable)	
(See sections 605,0904 & 605,0905, F.S. to defermine penalty liability) 5. 3030 N. Rocky Point Drive, Ste.150A Tampa, FL 33607 (Street Address of Principal Office) 1170 Tree Swallow Drive #120 Winter Springs, FL 32708-2826 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents, Inc. Office Address: 3030 N. Rocky Point Drive, Ste.150A Tampa (City) 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 complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an 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: Mary Ann MacLean, Manager Member, 1170 Tree Swallow Drive #120, Winter Springs, FL 32708-2826 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official baving 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) **This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes, I am aware that any false information	4. None Yet				
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This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes, I am aware that any false information		Signature of	of an authorized person	n	
submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	This document is executed submitted in a document	1 in accordance with section 605.02	203 (1) (b), Florida :	Statutes. I am aware that any false	information

Typed or printed name of signee

Mary Ann MacLean

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Titan Consulting & Investments, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **May 18, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000715054**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 29th day of March, 2017 at 12:47 PM. This certificate is assigned 022635316.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.