

M17000004384

(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:

2017 MAY -2 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W17-38203

Office Use Only



800298676218

05/03/17--01001--017 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAY 19 AM 10:37

M. MILLIGAN
MAY 24 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T-Cubed, 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:

Anthony C DiRienzo C/O ARSA (D. Jacobs)

Name of Person

Anglin Reichmann Snellgrove & Armstrong, PC

Firm/Company

305 Quality Circle NW

Address

Huntsville, AL 35806

City/State and Zip Code

djacobs@anglincpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah Jacobs

Name of Contact Person

256

Area Code

489-7251

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 3, 2017

ANTHONY C DIRIENZO C/O ARSA (D.JACOBS)
305 QUALITY CIRCLE NW
HUNTSVILLE, AL 35806

SUBJECT: T-CUBED FL, LLC
Ref. Number: W17000038203

We have received your document for T-CUBED FL, 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):

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.

The attached certified copy does not meet our filing requirements and should be kept for your records.

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.

Michelle Milligan
Senior Section Administrator

Letter Number: 117A00008721

RECEIVED
2017 MAY 19 AM 10:09
TALLAHASSEE, FLORIDA

256-626-6345

Certificate of Existence
or Certificate of Good Standing
in English

www.sunbiz.org

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

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. T-Cubed, LLC.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

T-Cubed FL, LLC.
(If 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.")

2. STATE OF ALABAMA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-0773966
(FBI number, if applicable)

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

5. 126 South Brook Pl.
(Street Address of Principal Office)
MADISON, AL 35758

6. PO Box 1010
(Mailing Address)
MADISON, AL 35758

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: LAUREN DiRienzo

Office Address: 3604 ROSALIE DRIVE

DESTIN, Florida 32541
(City) (Zip code)

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.

Lauren B. DiRienzo
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Member	Anthony DiRienzo 3604 Rosalie Drive Destin, FL 32541		

(Use attachments if necessary)

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)

Anthony C. DiRienzo
Signature of authorized person

10. 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.

Anthony C. DiRienzo
Typed or printed name of signer

FILED
STATE
DIVISION OF CORPORATIONS
17 MAY 19 AM 10:37

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that T Cubed, LLC was formed in Madison County, Alabama on August 17, 2007. The Alabama Entity Identification number for this entity is 498-837. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAY 19 AM 10:37



20170516000012468

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

05/16/2017

Date

J. H. Merrill

John H. Merrill

Secretary of State