11/7000005119

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700300121507

06/14/17--01013--011 **763.75

FILEU
2011 JUN 14 PR 2: 17
SECRETARY OF STATE

K. SALY JUN 1 6 2017

COVER LETTER

			ansact Business in Florida," Certificaty company to transact business in Fl
ease return all correspondence	_	•	y company to transact business in Fr
		•	
Mark	Femandes,	MACC CPA	
Mark	Fernandes,	PA	
	F	irm/Company	
1-110	1 NE 19th	Alla S	4 + 102
	I NE INT	Address	te+103 33162
.4	. 4		20110
Marth	Miami Beac	h, FL 3	13162
	City/S	State and Zip Code	·
	M Tanas Loc a	•	
Mack @	E-mail address: (to be use	d for future annual report no	otification)
		d for future annual report no	otification)
		d for future annual report no	otification)
r further information concerning	ng this matter, please call:		otification) 5-7892
further information concerning		A _{at (} 305) 946	otification) 5-7892 ytime Telephone Number
further information concerning Mark Ferna Name of	ng this matter, please call: Macs, Macs, Classification of Contact Person	A at (<u>305</u>) 94 Area Code Da	5-7892 ytime Telephone Number
further information concerning	ng this matter, please call: Ades, MACC CP of Contact Person	Mat (<u>305</u>) 94/ Area Code Da <u>STREE</u>	5-7892
MAILING ADDRESS Division of Corporation Registration Section	ng this matter, please call: Ades, MACC CP of Contact Person	Area Code Da STREE Division Registra	ytime Telephone Number T ADDRESS: of Corporations tion Section
further information concerning the further informat	ng this matter, please call: Ades, MACC CP of Contact Person	Area Code Da STREE Division Registra	ytime Telephone Number T ADDRESS: of Corporations
MAILING ADDRESS Division of Corporation Registration Section	ng this matter, please call: Ades, MACC CP of Contact Person	Area Code Da STREE Division Registra Clifton 1 2661 Ex	ytime Telephone Number T ADDRESS: of Corporations tion Section Building tecutive Center Circle
MAILING ADDRESS: Division of Corporation Registration Section P.O. Box 6327	ng this matter, please call: Ades, MACC CP of Contact Person	Area Code Da STREE Division Registra Clifton 1 2661 Ex	ytime Telephone Number T ADDRESS: of Corporations tion Section Building
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	ng this matter, please call: Odes, MACC CP of Contact Person s	Area Code Da STREE Division Registra Clifton 1 2661 Ex	ytime Telephone Number T ADDRESS: of Corporations tion Section Building tecutive Center Circle
MAILING ADDRESS: Division of Corporation Registration Section P.O. Box 6327	ing this matter, please call: Ades, Mac Charles of Contact Person s s wing amount: \$\square \$130.00 \text{ Filing Fee &}\$	Area Code Da STREE Division Registra Clifton 1 2661 Ex Tallahas	ytime Telephone Number T ADDRESS: of Corporations tion Section Building secutive Center Circle see, FL 32301 \$160.00 Filing Fee, Certificate
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314 closed is a check for the follow	ing this matter, please call: Ades, Mac Charles of Contact Person s wing amount: \$130.00 Filing Fee & Certificate of Status	Area Code Da STREE Division Registra Clifton 1 2661 Ex Tallahas	ytime Telephone Number TADDRESS: of Corporations tion Section Building tecutive Center Circle tisee, FL 32301

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: (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.") oreign limited liability company is organized) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) ernandes, MACC CPA Name: Office Address: Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability compansat 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: **Title or Capacity:** Name and Address: (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 entificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 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.

Marchese

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TASIRE, 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 FIFTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TASIRE, LLC" WAS FORMED ON THE FIFTH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



6034727 8300 SR# 20174576450 Authentication: 202649593

Date: 06-05-17