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(Requesto	r's Name)				
(Address)					
(Address)					
(City/State	/Zip/Phone #)				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
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COVER LETTER

ТО: **Registration Section Division of Corporations**

Tericorp, LLC

SUBJECT:

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:

Ronald Yeilan	d				
	N	ame of Person			
Prince CPA G	roup				
- <u></u>	F	irm/Company			
9161 Narcoos	see Road				
		Address	-		
Orlando, FL 3	2827				
<u></u>	City/S	tate and Zip Code		·	
info@princecpa	group.com				
	E-mail address: (to be use	d for future annual re	port noti	fication)	
For further information concerni	ng this matter, please call:				
Ron Yelland		407 at ()			
Name	of Contact Person	Area Code	Dayı	ime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327		STREET ADDRESS: Division of Corporations Registration Section Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the follow	-		C 0		
🛱 \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing I Certified Copy	rcc &	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

COMPANY TO TRANSACT	BUSINESS IN THE STATE OF FLOR	IDA:		
TERICORP, LLC				
(Name of F	oreign Limited Liability Company;	must include "Limited Lia	bility Company," "L.L.C.," or	"LLC.")
Liability Company," "L.L	•		is in Florida. The alternate nam	e must include "Limited
2. DELAWARE STAT	E aw of which foreign limited liability	3, 46-2323289	(FEI number, if applicable)	
company is organized) • •	-		
4	Date first transacted but	siness in Florida, if prior to	registration.)	
5. 7022 TPC DRIVE	(See sections 605.0904 & (305.0905, F.S. to determine	s penalty lizbility)	
ORLANDO, FL 328	<u> </u>			
6. 7022 TPC DRIVE	(Street Address	of Principal Office)		
ORLANDO, FL 328				
	(Maili	ng Address)		
7. Name and street add	ress of Florida registered agent:	(P.O. Box NOT accepts	able)	
Name:	PRINCE CPA GROUP	LC	-	
Office Address	9161 NARCOOSSEE ROAL), SUITE 202	-	<u>د ا</u>
	ORLANDO, FL		, Florida <u>32827</u>	
Registered agent's acc	(City)		(Zip code)	
Having been named as	registered agent and to accept s cation, I hereby accept the appo			
to complywith the provi	sions of all statutes relative to the	he proper and complete		
accept the obligations of	f my position as registered agen	ī.	2	
	(Reg	istered agent's signifiate;		<u>></u> •
8. The name, title or ca	pacity and address of the person	(s) who has/have authori	ty to manage is/are:	
SILVIA FIORAVANTI	, MANAGING MEMBER 1192	8 YELLOW FIN TRL, O	ORLANDO, FL 32827	
		,	<u></u>	
	te of existence, no more than 90 v of which it is organized. (If the			
of the translator must be	submitted)	boom		
	Signatu	re of An Jution featured on	Л ч	
This document is execute submitted in a document	ed in accordance with section 60: to the Department of State consti	i.0203 (1) (b), Florida Si itutes a third degree felor	tatutes. I am aware that any f ny as provided for in s.817.1	alse information 55, F.S.
	SILVIA FIORAVNTI	··		
	Typed or	r printed name of signee		



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TERICORP, 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 EIGHTH DAY OF JUNE, A.D. 2017.



cretary of State Jelfray W. Budi

Authentication: 202676146 Date: 06-08-17

5280426 8300

SR# 20173892833 You may verify this certificate online at corp.delaware.gov/authver.shtml

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