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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

12948-1
P/S/JMC/SKW

From: Account Name : NORTON, HAMMERSLEY, LOPEZ & SKOKOS, P.A.
Account Number : I20010000202
Phone : (941)954-4691
Fax Number : (941)954-2128

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Corporation @ nhs law . com

Foreign Limited Liability Company
TMF MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03 32
Estimated Charge	\$125.00

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2017 AUG 29 AM 10:44
TALLAHASSEE, FLORIDA

17 AUG 29 AM 11:49
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TME MANAGEMENT, 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:

JOHN M. COMPTON

Name of Person

NORTON HAMMERSLEY LOPEZ & SKOKOS

Firm/Company

1819 MAIN STREET, SUITE 610,

Address

SARASOTA, FL 34236

City/State and Zip Code

CORPORATION@NHI.SLAW.COM

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

For further information concerning this matter, please call:

SARAH WAKEFIELD

Name of Contact Person

941

at ()

Area Code

954-4691

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

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. TMF MANAGEMENT, LLC (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.")

2. ILLINOIS (Jurisdiction under the law of which foreign limited liability company is organized) 3. applied for (FEI number, if applicable)

4. August 31, 2017 (Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty liability))

5. 12127B Galena Road (Street Address of Principal Office) Plano, IL 60545 6. 12127B Galena Road (Mailing Address) Plano, IL 60545

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

Name: Peter Z. Skokos Office Address: 1819 Main Street Suite 610 Sarasota, Florida 34236 (City) (Zip code)

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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.

[Handwritten signature of Peter Z. Skokos]

(Registered agent's signature)

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

Table with 4 columns: Title or Capacity, Name and Address, Title or Capacity, Name and Address. Row 1: MANAGER, GREGORY KUPPLER, 12127B GALENA ROAD, PLANO, IL 60545, MANAGER, TIMOTHY RAYMOND, 12127B GALENA ROAD, PLANO, IL 60545.

(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)

10. This document is executed in accordance with section 605.0208 (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.

[Handwritten signature of Peter Z. Skokos]

Signature of an authorized person

PETER Z. SKOKOS

Typed or printed name of signer

File Number 0101121-9



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

TMF MANAGEMENT, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 26, 2003, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

RECEIVED
OFFICE OF THE SECRETARY OF STATE
STATE OF ILLINOIS
AUG 29 AM 11:49
E.L.

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 25TH day of AUGUST A.D. 2017 .



Authentication #: 1723701270 verifiable until 08/25/2018
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE



August 29, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NORTON, HAMMERSLEY, LOPEZ & SKOKOS, P.A.

SUBJECT: TMF MANAGEMENT, LLC
REF: W17000G70791

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

According to section 605.0902, Florida Statutes, the application for Certificate of Authority must be made on the forms prescribed and furnished by the Department of State. Therefore, your application is being returned and the correct form is enclosed.

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.

Stacey M Warren
Regulatory Specialist II

FAX Aud. #: H17000231511
Letter Number: 017A00017760

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TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

5 pages