W11000008880

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



700304134657_

10/04/17--01002--018 **125.00

17 OCT 16 PM 3: 33
SEMALIANTOR STATE

S. WARREN 0CT 1 8 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 4, 2017

ALAN GOULD 1226 OMAR ROAD WEST PALM BEACH, FL 33405

SUBJECT: TPS ANCILLARY SERVICES, LLC

Ref. Number: W17000078772

We have received your document for TPS ANCILLARY SERVICES, 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):

The registered agent must sign accepting the designation.

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.

Letter Number: 217A00020099

Stacey M Warren Regulatory Specialist II

COVER LETTER

TO:

ECT:	TPS Ancillary Serv	rices, LLC		
		Name of	Limited Liability Compan	У.
nclosed nce, ar	l "Application by Fond check are submitted	reign Limited Liability Com ed to register the above refer	pany for Authorization to enced foreign limited liabi	Fransact Business in Florida," Certific lity company to transact business in F
return	all correspondence	concerning this matter to the	following:	
	Alan Gould			
		N	ame of Person	
	TPS Ancillary	Services, LLC		
		F	irm/Company	
	1226 Omar Rd			
			Address	
	West Palm Bea	ach		
		City/S	tate and Zip Code	
	alan@asc-net.co	m		
		E-mail address: (to be use	d for future annual report r	notification)
ther in	formation concernir	g this matter, please call:		
Ala	n Gould		561 459-4 at ()	1924
	Name o	of Contact Person	Area Code D	aytime Telephone Number
Divi Regi P.O.	ILING ADDRESS: sion of Corporations istration Section Box 6327 ahassee, FL 32314	S	Divisio Registr Clifton 2661 E	ET ADDRESS: on of Corporations ration Section Building xecutive Center Circle ussee, FL 32301
	check for the follow 125.00 Filing Fee	ring amount; □ \$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

AN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANYTO IRANSACT BUSINESS IN THE STATE OF FLORIDA:

[1] TPS Ancillary Services, LLC

[Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L

New Hampshire		3. 45-1739578		
Junedanion under the law of wh	ch foreign limeted liability corrusny is organizate	<u></u>	(Ff I number, 1) applier	elole)
January 1, 2017				
·	(Data first transacted business in Ferrida, if prior to r (See sections 605 0904 & 605,0505, F.S. to determine	registratura)		
1226 Omar Rd	the actualities, true a continuity of the octation			
(Sires Address of P	menel Office	6. 1326 Omar Rd	ailing Address)	
West Palm Beach, FL 3	3405	Wet Palm Beach, Fl	1 3 3 4 0 5	
· N	and Marie de anniero and a service (D. C. D.	NAVE		
. isame and siree; address	s of Florida registered agent. (P.O. Hox	MOT acceptable)		70
Name:	Alan Gould			007
Office Address	1226 Omar Rd			<i>S</i> ≥ <i>x</i> = <i>x</i>
	West Palm Beach	. Florida 334	uns	
	(City)	, Florida 255	(/crowle)	
Registered agent's accept	ance:		•	بي ﷺ
lesignated in this applicate camply with the provision	gistered agent and to accept service of pion. I hereby accept the appointment as one of all statutes relative to the proper of my position as registered agent.	s registered ugent and agre- and complete performance _	e to act in this c	apacing I furition
lesignated in this applicate or camply with the provision accept the obligations. S. The name, title or capa	ion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent. (Rights algers of the person(s) who ha	s registered ugent and agree and complete performance 	e to act in this co	apacing I furition
lesignated in this applicate or comply with the provision and accept the obligations	ion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent. (Rights argusts)	s registered ugent and agree and complete performance 	e to act in this co of my duties, a far	apacing I furition
lesignated in this applicate or camply with the provision accept the obligations. S. The name, title or capa	ion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent. (Rights algers of the person(s) who ha	o registered agent and agree and complete performance	e to act in this co of my duties, a far	apacke I fur sio n i nd I åni familiar w
lesignated in this applicate or comply with the provisional accept the obligations and accept the obligations. S. The name, title or capa Title or Capacity:	ion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent. (Rights alagens only and address of the person(s) who has not address:	o registered agent and agree and complete performance	e to act in this co of my duties, a far	apacke I fur sio n i nd I åni familiar w
lesignated in this applicate or comply with the provisional accept the obligations and accept the obligations. S. The name, title or capa Title or Capacity:	ion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent. (Righteral grass) city and address of the person(s) who ha Name and Address: Ellen Quinlan 1226 Omar Rd	o registered agent and agree and complete performance	e to act in this co of my duties, a far	apacke I fur sio n i nd I åni familiar w
lesignated in this applicate ocumply with the provisional accept the obligations. S. The name, title or capa Title or Capacity: President/MBR/MGR	ion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent. (Righte-alasters) city and address of the person(s) who has Name and Address: Ellen Quinlan 1226 Omar Rd Weg: Pulm BEach, Pl. 33405 Alan Gould 1226 Omar Rd	s registered agent and agree and complete performance Grant Complete performance Grant Complete performance Title or Capacity:	e to act in this co of my duties, a far	apacke I fur sio n i nd I åni familiar w
lesignated in this applicate or camply with the provisional accept the obligations. S. The name, title or capa Title or Capacity: President/MBR/MGR Vice President	ion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent. (Rightscatages so the person(s) who has Name and Address: Ellen Quinlan 1226 Omar Rd West Palm Beach, Pl. 33405 Alan Gould 1226 Omar Rd West Palm Beach, FL 33405	s registered agent and agree and complete performance Grant Complete performance Grant Complete performance Title or Capacity:	e to act in this co of my duties, a far	apacke I fur sio n i nd I åni familiar w
lesignated in this applicate of comply with the provisional accept the obligations. S. The name, title or capa Title or Capacity: President/MBR/MGR Vice President (Use attachments if necess	ion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent. (Righte-algers) city and address of the person(s) who has Name and Address: Ellen Quinlan 1226 Omar Rd West Palm Beach, Fl. 33405 Alan Gould 1226 Omar Rd West Palm Beach, Fl. 33405 arry)	s registered agent and agree and complete performance with the series of	e to act in this cor of my duties, and issue:	apacing I furible not I am familiar w
lesignated in this applicate of comply with the provisional accept the obligations. S. The name, title or capa Title or Capacity: President/MBR/MGR Vice President (Use attachments if necess). Attached is a certificate	ion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent. (Righte-algers) city and address of the person(s) who has Name and Address: Ellen Quinlan 1226 Omar Rd West Palm BEach, Pl. 33405 Alan Gould 1226 Omar Rd West Palm Beach, FL 33405 arry) of existence, no more than 90 days old, of	s registered agent and agree and complete performance with the second se	e to act in this con of my duties, and isfare: Name	apacing of funding we not I am familiar we would have familiar we would have been a second se
lesignated in this applicate or camply with the provisional accept the obligations. S. The name, title or capa Title or Capacity: President/MBR/MGR Vice President (Use attachments if necess). Attached is a certificate urisdiction under the law of th	ion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent. (Rightscatages) city and address of the person(s) who has Name and Address: Ellen Quinlan 1226 Omar Rd West Palm Beach, Pl. 33405 Alan Gould 1226 Omar Rd West Palm Beach, FL 33405 arry) of existence, no more than 90 days old, of which it is organized. (If the certificate	s registered agent and agree and complete performance with the second se	e to act in this con of my duties, and isfare: Name	apacing of funding we not I am familiar we would have familiar we would have been a second se
lesignated in this applicate of comply with the provisional accept the obligations. S. The name, title or capa Title or Capacity: President/MBR/MGR Vice President (Use attachments if necess). Attached is a certificate urisdiction under the law of the translator must be sure. (O. This document is executed.)	ion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent. (Rightscatages) city and address of the person(s) who has Name and Address: Ellen Quinlan 1226 Omar Rd West Palm Beach, Pl. 33405 Alan Gould 1226 Omar Rd West Palm Beach, FL 33405 arry) of existence, no more than 90 days old, of which it is organized. (If the certificate	strength and agree and complete performance and complete performance and complete performance where authority to manage Title or Capacity: duly authenticated by the offers in a foreign language, a	e to act in this condition of the arm aware that an	apacing of funding we not I am familiar we and Address: and Address: and Address:

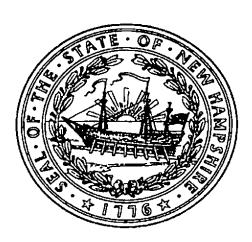
Typed or printed name of agrico-

State of New Hampshire Department of State

CERTIFICATE

I. William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that TPS ANCILLARY SERVICES. LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on April 18, 2011. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 648082



IN TESTIMONY WHEREOF.

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 2nd day of October A.D. 2017.

William M. Gardner Secretary of State