## M17000009105

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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8. WARREN 0CT 2 5 2017

## COVER LETTER

TO:

Registration Section

Div	vision of Corporatio	ns				
UBJECT:	TVT INVESTMEN	VTS, LLC				
		Name of	Limited Liability	Company		
					ransact Business in Florida," Ce by company to transact business	
lease return	n all correspondence	concerning this matter to the	following:			
	GENE NATA	LE				
	<del></del>	N	ame of Person			
	ALRON COR	PS, INC.				
		F	irm/Company			1
	3990 MINTO	₹RD.				
			Address	=	· · · · · · · · · · · · · · · · · · ·	
	MELBOURNI	EFL 32904				
		City/S	tate and Zip Code	-		
	elisatobon29@g	mail.com				
		E-mail address: (to be use	d for future annua	l report no	tification)	
or further in	nformation concernir	g this matter, please call:			i •	
GE	NE NATALE		321 at (	951-76	526	
	Name o	of Contact Person	Area Code	Day	ytime Telephone Number	
Div Reg P.O	MLING ADDRESS: vision of Corporation gistration Section D. Box 6327 lahassee, FL 32314		•	Division Registrat Clifton E 2661 Exc	of Corporations tion Section Building ecutive Center Circle see, FL 32301	
	a check for the follow \$125,00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Fili Certified Copy		□ \$160.00 Filing Fee, Certif of Status & Certified Copy	icate

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Name of Lorse	, LLC Limited Liability Company, must include "Li	ometad Liskiberi i	ompanial for a section	<u>,                                      </u>	
trane or roteign	Limited Liability Company, must increase Li	mineo iliaminy (	company, i.i.e. or eac.	,	
name unavailable, enter alterane i	name adopted for the purpose of transacting business	in Florida. The after	unte name must include "Lamted I.	iability Company," "L1, C," or	uc y
NEVADA	•	3.	N/A		
(Jurisdiction under the law of w	hich freeign lamited liability company is organized)	_		nher, if applicable)	
NONE				•	
	(Date first transacted business in Horida, if pri (See sections 605 0904 & 605 0905, P.S. to de	or to registration i termine penalty ha	balaty)	<del></del>	
701 N. GREEN VALI	EY PKWY, SUITE 200	6 1	35 WESTON RD., SUIT	TE 187	
(Street Address of			b/. şmin.l/.)		<del></del>
HENDERSON, NV 89	70 /4	- V	VESTON FL 33326	<u> </u>	<del>-</del>
<del> </del>	· · · · · · · · · · · · · · · · · · ·			8	<u>-</u>
				77	
Name and street addres	ss of Florida registered agent: (P.O. I	Box <u>NOT</u> acc	ceptable)	第二章 <b>有</b>	
Name:	CARMEN TOBON				
Office Address:	450 COMMODORE DR SUITE 3	15		OF STA	)
231140 1 1041 433.	DI ANTARIONI		11175		)
	PLANTATION	<del></del>	, Florida 33325	<u></u> }** •	•
comply with the provisi	tion. I hereby accept the appointment ions of all statutes relative to the pro s of my position as registered agent.	at as registere	ed agent and agree to ac-		rther as
comply with the provisi	ions of all statutes relative to the pro	nt as registere per and comp	ed agent and agree to ac-	t in this capacity. I fu	rther aş
comply with the provisi d accept the obligation	ions of all statutes relative to the pros of my position as registered agent.  CARMEN E TOBON (Registered sgs.)	nt as registere per and comp	ed agent and agree to according	t in this capacity. I fu	rther aş
comply with the provisi d accept the obligation	ions of all statutes relative to the pros s of my position as registered agent. CARMEN E TOBON & 6	nt av registere per and comp  (QAMMA)  (m's separate)  (p has/have aut	ed agent and agree to according	t in this capacity. I fu	rther aş liar wit
comply with the provision discrept the obligation.	CARMENE TOBON (Regretered agent) (Regretered agent) (Regretered agent) (Regretered agent)	nt av registere per and comp  (QAMMA)  (m's separate)  (p has/have aut	ed agent and agree to accorde performance of my  E. Tokyon thority to manage is/are:	t in this capacity. I ful duties, and I am fami /	rther aş liar wit
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SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, TVT INVESTMENTS, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 19, 2015, and is in good standing in this state.

OF THE PROPERTY OF THE PROPERT

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 11, 2017.

Ballons K. Cegarste

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20171011-2332
You may verify this electronic certificate
online at http://www.nvsos.gov/