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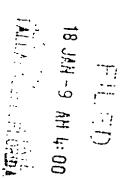
(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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name 1117-101329							

Office Use Only



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O SIMMONS
JAN 1 0 2018



December 26, 2017

KEVIN REDLING 113 PONTOTOC PLAZA AUBURNDALE, FL 33823

SUBJECT: TAMMAR, LLC Ref. Number: W17000101329

We have received your document for TAMMAR, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is P14000047038.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 117A00026049

RECEIVED

**JAN - 9 2018** 

#### COVER LETTER

	istration Section ision of Corporation	18					
SUBJECT:		TAMMA	R, LLC				
морине. г.			Limited Liability C	ompany			
The enclosed Existence, an	"Application by For d check are submitte	eign Limited Liability Comp d to register the above refero	oany for Authorizat enced foreign limit	tion to Tra ed liability	nsact Business in Florida," Certifica company to transact business in Flo	te of orida.	
Please return	all correspondence of	concerning this matter to the	following:				
	KEVIN REDL	ING					
		N	ame of Person	****			
	HARDING BELL INTERNATIONAL, INC.						
Firm/Company							
	113 PONTOTOC PLAZA						
Address							
	AUBURNDALE, FL 33823						
		City/S	tate and Zip Code		·		
	SUSAN.HARDI	NG@HBITAX.COM					
		E-mail address: (to be use	d for future annual	report not	ification)		
For further in	nformation concernin	g this matter, please call:					
KEVIN REDLING 863 968-1010 at ()							
	Name (	of Contact Person	Area Code	Day	time Telephone Number		
Div Reg P.O	ision of Corporation sistration Section Box 6327 lahassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding ceutive Center Circle ee, FL 32301		
	t check for the follow \$125.00 Fifing Fee	ring amount:  \$\mathbb{M}\\$130.00 Filing Fee & Certificate of Status	□ \$155,00 Filin Certified Copy	ig Fee &	S160.00 Filing Fee, Certificate of Status & Certified Copy		

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

	ON 605,0902, FLORIDA STATUTES, THE NESS IN THE STATE OF FLORIDA:	FOLLOWING IS SUBMITTED TO I	REGISTER A FOREIGN LIMITED LIABILITY				
1		AMMAR LLC					
•	nited Liability Company, must include "Lin TAMMA	IR 1. LLC					
	adopted for the purpose of transacting business in						
2. (Jurisdiction under the law of which	A // A   Toreign limited liability company is organized)	3. <u>37 - 18</u>	FEI number, (fapplicable)				
1			-v 6				
*	(Date first transacted business in Florida, if prio (See sections 605 0904 & 605 0905, F.S. to det	r to registration ) ermine penalty liability)	一一一一				
5. 2566 MANES	HAW LANE	6	L FARNSWORTH UR				
KISSIMMEE,		WEST LAFAYE	TIE IN 47906				
	-,		<u> </u>				
7. Name and street address	of Florida registered agent: (P.O. F	Box NOT acceptable)	00				
Name:	HARDING BELL I	NTERNATIONAL, INC.	<b>7</b> 7				
Office Address: _	113 PONTOTOC	PLAZA					
	AUBURNDALE	. Florida 3	3823				
Registered agent's accepta	ic ay)		(Zip code)				
designated in this application to comply with the provision	on, I hereby accept the appointmen	it as registered agent and agree	limited liability company at the place to act in this capacity. I further agree of my duties, and I am familiar with				
·-	(Registered age	nit's signature)					
8. The name, title or capac <u>Title or Capacity:</u>	ity and address of the person(s) who Name and Address:	has/have authority to manage i	s/are:   Name and Address:				
MEMBER	RICHARD MARK EL	PELHAR					
	3653 FARNSWIZTH DR WEST LAFAYETTE, IN 4						
MEMBER	TAMMY N EBELHAS 3652 FARNSWORTH D	<u>2</u>					
(Use attachments if necessa	ry)						
9. Attached is a certificate of jurisdiction under the law of of the translator must be sub-	which it is organized, (If the certif	ld, duly authenticated by the officate is in a foreign language, a l	icial having custody of records in the translation of the certificate under oath				
10. This document is execut submitted in a document to t	ed in accordance with section 605.0 he Department of State constitutes a	1203 (1) (b), Florida Statutes, I a a third degree felony as provided	m aware that any false information 1 for in s.817.155, F.S.				
-	Sign	ature of an authorized person	<del></del>				
MARK EBELHAR - MEMBER/MANAGER							
-		red or printed name of signee					

# State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

### TAMMAR, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on June 01, 2017, and was in existence or authorized to transact business in the State of Indiana on December 12, 2017.

I further certifiy this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 12, 2017

Corrie Lauron

CONNIE LAWSON
SECRETARY OF STATE

201706011198507 / 2017473035 Verify this certificate:https://bsd.sos.in.gov/ValidateCertificate