MECCOCHIB

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



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2018 JAN 16 P 2: 31
SECTED 1: 5 P 2: 31

D SCOTT



January 8, 2018

KRISTEN CRESCENTI 485 N KELLER RD, SUITE 401 MAITLAND, FL 32751

SUBJECT: TRTA HOLDINGS, LLC Ref. Number: W17000098880

We have received your document for TRTA HOLDINGS, 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):

#8 can't be the name of the entity. Please revise to reflect another businesss entity or a individual.

Please return your document, along with a copy of this letter, within 60 days a your filing will be considered abandoned.

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

Dionne M Pijeaux Regulatory Specialist

Letter Number: 818A00000444



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 14, 2017

KRISTEN CRESCENTI 485 N KELLER RD, SUITE 401 MAITLAND, FL 32751

SUBJECT: TRTA HOLDINGS, LLC Ref. Number: W17000098880

RECEIVED

JAN - 8 2016

We have received your document for TRTA HOLDINGS, 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 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," they 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 entity that you're filing can't be the authorized person on #8 of the application. The document number of the name conflict is L17000190413.

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.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 117A00025298

Division of Comparations D.O. POV 6227 Tallahanna Elasida 20214

COVER LETTER

Registration Section

| BJECT: | | Name of | Limited Liability | Сотралу | | | |
|--|--|--|--------------------|--|--|-------------------------------------|------|
| | | reign Limited Liability Com d to register the above refer | | | | | |
| ase return | all correspondence | concerning this matter to the | following: | | | | |
| | Kristen Cresce | nti | | | | | |
| | | N | ame of Person | | | | |
| | Pearson Bitma | ı LLP | | | | | |
| | | F | irm/Company | | | | |
| | 485 N. Keller I | Road, Suite 401 | | | | | |
| | - | | Address | | <u>-</u> | | |
| | Maitland, Flori | da 32751 | | | | 7. 21. | |
| | | City/S | tate and Zip Code | ! | | 2018 JAN | |
| | kcrescenti@pear | sonbitman.com | | | | Z | • |
| | | E-mail address: (to be use | d for future annua | l report no | tification) | 7 T | |
| further in | formation concernin | g this matter, please call: | | | | 20.5 | |
| Kris | ten Crescenti | | 407 at (| 636-79) | 930 | <u>ن ا</u> الراق | |
| | Name o | f Contact Person | Area Code | Day | ytime Telephone | Number | |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | | | Division Registrat Clifton B 2661 Exc | of Corporations of Corporation Section Suilding ecutive Center Cosee, FL 32301 | | |
| | check for the follow 25.00 Filing Fee | ing amount: ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filion | ng Fee & | | lling Fee, Certifi ertified Copy | icat |

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

IN COMPILANCE 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:

| TRTA Holdings, LLC | | | | | | |
|---|--|---|--|--|--|--|
| (Name of Foreign | Limited Liability Company, must include "Limite | d Liability Company," "L.L.C.," or "LLC." |) | | | |
| This Holding | is of Horce, Lic | | <u></u> | | | |
| | me adopted for the purpose of transacting business in Flor | rida. The afternate name must include "Limited Lia | bility Company," "L.L.C," or "LEC,") | | | |
| 2. State of Wyoming Ourisdiction under the law of w | hich foreign limited liability company is organized) | 3. 82-3638042 | | | | |
| | • | (FEI mum | ber, if applicable) | | | |
| 4. Has not transacted bus | | | | | | |
| | (Date first transacted business in Florida, il prior to i (See sections 605 0904 & 605 0905, F.S. to determi | egistration) ne penalty liability) | _ | | | |
| 5 501 N. Orlando Avenu | e, Suite 313 | 6. Box 366 | | | | |
| (Street Address of F Winter Park, FL 32789 | | (Mailing Address) | | | | |
| Willet Furk, 11, 32707 | | Winter Park, FL 32789 | | | | |
| 7. Name and street addres | s of Florida registered agent: (P.O. Box | NOT acceptable) | | | | |
| Name: | Kristen Crescenti | | | | | |
| Office Address: | 485 N. Keller Road, Suite 401 | | | | | |
| | Maitland | Florida 32751 | , Florida <u>32751</u> | | | |
| Registered agent's accept | (City) | (Zip cod | | | | |
| to comply with the provisions and accept the obligations | tion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent. (Registered agent's s | and complete performance of my a | in this capacity. I further agree duties, and I am familiar with | | | |
| 8. The name, title or capa <u>Title or Capacity:</u> | city and address of the person(s) who has Name and Address: | s/have authority to manage is/are: Title or Capacity: | ين <u>Name and Address:</u> | | | |
| MGR | TRTA Holdings, LLC, O W | None 11C | | | | |
| | 501 N. Orlando Ave, Ste 313 | J | | | | |
| | Winter Park, FL 32789 | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| (Use attachments if necess | ary) | | | | | |
| 9. Attached is a certificate of | of existence, no more than 90 days old, d | uly authenticated by the official ha | ving custody of records in the | | | |
| urisdiction under the law o of the translator must be su | of which it is organized. (If the certificate | is in a foreign language, a translati | on of the certificate under oath | | | |
| 10. This document is execusubmitted in a document to | ted in accordance with section 605.0203 the Department of State constitutes a thir | (1) (b), Florida Statutes, I am award d degree felony as provided for in s | e that any false information 6.817.155, F.S. | | | |
| | Signature o | f an authorized person | | | | |
| | Kristen Crescenti | | | | | |

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

TRTA Holdings, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on December 7, 2017, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2017-000779366.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 8th day of December, 2017 at 8:44 AM. This certificate is assigned 024907325.



Secretary of Mate 18 JAN 16 P 2: 38

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.