118000002092

(Red	questor'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:					
W18 -	1651	5			

Office Use Only



400309051664

02/16/18--01018--020 **160.00

18 FEB 28 AM 9: 49

MAR 0 1 2018 Y SULKER

COVER LETTER

	Registration Section Division of Corporation	15				
SUBJEC	т:	lAMMER T			LLC	
		Name of	Limited Liability Co	ompany		
		eign Limited Liability Comp d to register the above refer				
Please ret	turn all correspondence c	oncerning this matter to the	following:			
		MARVIN	1 L. TC	1/ER		
		N	lame of Person			
			ENN!		1, LLC	
	5230 - P062	288 C La		ol 		
			Address			
	Land	O'Lakes,	FL 340	039		
	<u>Slama</u>	ner1_200 E-mail address: (to be used	d for future annual r	report notification	<u>) </u>	
For furthe	er information concerning	g this matter, please call:				
-	MARVIN Name o	TY/EL f Contact Person	at (208 Area Code	981 - 10 Daytime Tel	lo O O C Z	203-952 - 7166
]	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Fallahassee, FL 32314			STREET ADDR Division of Corpo Registration Secti Clifton Building 2661 Executive C Tallahassee, FL 3	orations on enter Circle	
	is a check for the follow ☐ \$125.00 Filing Fee	ing amount: \$\Boxed\$\$ \$\\$130.00\$ Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy		0.00 Filing Fee, Cous & Certified Cop	



February 19, 2018

MARVIN L.TYLER 5230 LAND O'LAKES BLVD PO BOX 288 LAND O'LAKES, FL 34639

SUBJECT: SLAMMER TENNIS WORLD, LLC

Ref. Number: W18000016515

We have received your document for SLAMMER TENNIS WORLD, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 118A00003472

FLD 03 LL 3

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

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
$\phi(Ann)n\epsilon c / \epsilon$	WALLS WORLD, LLC
1. (Name of Foreign Limited Liability Company; must include "Limited Liability Company.)	npany," "E.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate	e name must include "Limited Liability Company," "L.I. C," or "LI.C.")
2. () 3	(FEI number, if applicable)
(Jurisdiction thider the law of which foreign limited liability company is organized)	(ға папост, п аррисале)
4. (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability	15)
5. 5230 Land O'Lakes Blvd 6.	5230 Land O'Lakes Bird
P. O. BOX 288	P.O. 60x 288
Land O'Lakes, FL 34639	P.O. 60x288 ACL O Lakes, FL 34639
7. Name and street address of Florida registered agent: (P.O. Box NOT acce	ptable)
Name: MARVIN L. IYIER	= 100 Pag 788
Office Address: 5230 Land O'La/CES	3/Vd, P. O. Dex 300
Land O'Lakes	, Florida <u>34639</u> (Zin coste)
Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for designated in this application, I hereby accept the appointment as registered	the above stated limited liability/comp <u>an</u> y at the place I agent and agree to act in this capacit P PI further agree
to comply with the provisions of all statutes relative to the proper and comple	ete performance of my duties, and I and familiar with
and accept the obligations of my position as registered agent.	% 1 % ♣
XIIIarim Tyler	S Co
(Registered agent's signature)	The state of the s
8. The name, title or capacity and address of the person(s) who has/have auth	ority to manage is/are:
	or Capacity: Name and Address:
Manager MARVIN L. TYLER_	
5230 land & Lakes Blue	
D. O. BOX 288	
landoilakes, FL 3463	9
(Use attachments if necessary)	
and the second s	
9. Attached is a certificate of existence, no more than 90 days old, duly author	nticated by the official having custody of records in the
9. Attached is a certificate of existence, no more than 90 days old, duly author jurisdiction under the law of which it is organized. (If the certificate is in a for of the translator must be submitted)	nticated by the official having custody of records in the reign language, a translation of the certificate under oath
jurisdiction under the law of which it is organized. (If the certificate is in a for of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b). Fl	orida Statutes. I am aware that any false information
jurisdiction under the law of which it is organized. (If the certificate is in a for	orida Statutes. I am aware that any false information
jurisdiction under the law of which it is organized. (If the certificate is in a for of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b). Fl submitted in a document to the Department of State constitutes a third degree to the constitutes are the constitutes as the constitutes are the constitutes are the constitutes as the constitutes are the constitutes as the constitutes are the constitutes are the constitutes are the constitutes are the constitutes as the constitutes are the constitutes are the constitutes as the constitutes are the constitute	orida Statutes. I am aware that any false information felony as provided for in s.817.155. F.S.
jurisdiction under the law of which it is organized. (If the certificate is in a for of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b). Fl	orida Statutes. I am aware that any false information felony as provided for in s.817.155. F.S.
jurisdiction under the law of which it is organized. (If the certificate is in a for of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b). Fl submitted in a document to the Department of State constitutes a third degree to the constitutes are the constitutes as the constitutes are the constitutes are the constitutes as the constitutes are the constitutes as the constitutes are the constitutes are the constitutes are the constitutes are the constitutes as the constitutes are the constitutes are the constitutes as the constitutes are the constitute	orida Statutes. I am aware that any false information felony as provided for in s.817.155. F.S.

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that articles of organization for

SLAMMER TENNIS WORLD, LLC

a domestic limited liability company, were filed in this office on April 02, 2003.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State

min Whenk

Date Issued: February 14, 2018

Business ID: 0744801 Standard Certificate Number: 2018100039001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov