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## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 7, 2018

JESUS RODRIGUEZ 902 W BUSCH BLVD, SUITE 104 TAMPA, FL 33612 US

SUBJECT: LTT FRANCHISING, LLC

Ref. Number: W18000021919

DEPARTMENT OF STATE OF STATE OF STATE OF CORPORATION OF CORPORATION TALLAHASSEE, FLORISH

EIVED

We have received your document for LTT FRANCHISING, 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):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$638.75.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 118A00004587

### COVER LETTER

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Registration Section

Division of Corporations
SUBJECT: LTT Franchising LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Jesus Radriquez Name of Person
LTT Franchising LLC / Level Tax & Travel Firm/Company
902 w. Busch Blvd. Suite 104
Tampa, FL. 33612 City/State and Zip Code
Fedriquez E level tax and travel. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jesus Rodriques at (813 - ) 516 - 5288  Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount:    Status   Status

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA: (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Elimited Liability Company," "L.I. C," or "LLC.") (Date first transacted business in Florida, if prior to registration.) (See sections 605 0901 & 605 0905, F.S. to determine penalty hability) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Name and Address: Title or Capacity: (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, 1 am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

sed or printed name of signed

Corporations Section P.O.Box 13697 Austin: Texas 78711-3697



## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for LTT Franchising, LLC (file number 802827961), a Domestic Limited Liability Company (LLC), was filed in this office on October 02, 2017.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 16, 2018.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Rolando B. Pablos Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services Document: 800792900002 TID: 10264