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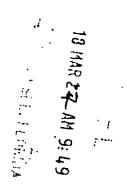
(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL MAIL		
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Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				
W18 -	7_5	355		





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Y SULKER MAR 3 0 2018

COVER LETTER

	ation Section n of Corporation	IS		
SUBJECT:	TM	Name of L	IMENTS .imited Liability Company	LLC
		eign Limited Liability Comp	any for Authorization to Tra	ansact Business in Florida," Certificate of y company to transact business in Florida.
Please return all	correspondence c	oncerning this matter to the	following:	
		TODO	me of Person	
		Jus /A	VESTMENTS m/Company	i, LCC
		60 H 16HL	Address	ΣΕ
		MURNA 6		2
-	TODD	SOBIZY & GV E-mail address: (to be used	n A/L. Com for future annual report not	ilification)
For further inform		g this matter, please call:	•	,
	Name o	Sobiu f Contact Person	at (3 989) 57 Area Code Day	91 - 0867
Division Registra P.O. Bo	NG ADDRESS: n of Corporations tion Section x 6327 see, FL 32314		Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding ecutive Center Circle use, FL 32301
Enclosed is a che	ck for the follow .00 Filing Fee	ing amount: \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



March 15, 2018

TODD SOBRY 1760 HIGHLANDS VW SE SMYRNA, GA 30082

SUBJECT: TMS INVESTMENTS LLC

Ref. Number: W18000025355

We have received your document for TMS INVESTMENTS 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," 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 L05000003493.

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

8

RECEIVED

AR 27 AM 10: 42

RIMENT OF STATE
N OF CORPORATIVE
A HASSIE, FLOREIT

Letter Number: 018A00005281

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

	TION 605.0902, FLORIDA STATUTES, THE SINESS IN THE STATE OF FLORIDA:	FOLLOWING IS SUBMITTED TO REGIST?	FR A FOREIGN LIMITED HABILITY
1	MS INVESTINE		
(Name of Foreign	Limited Liability Company; must include "Lim PARDITIES LIC (or Ten S SLASSHALE	Roymus LCC
(If name unavailable enter alternate m	ame adopted for the purpose of transacting business in	Florida The alternate name must include "Limited Liab	nhry Company," "L.L.C," or "L.L.C.")
2. (Jurisdiction made the law of wh	high foreign limited hability company is organized)	3. 82-916780	er, if applicable)
4	(Date first transacted business in Florida, if prior	to resistation.)	
1712 16.	(See sections 605 0904 & 605 0905, F.S. to dete	ermine penalty liability)	And Ilusti
5. (Street Address of P	rincipal Office)	6. / FEO STENT	/
SMYKNA D	A 30082	CMUNNA 6A	30082
7. Name and street addres	ss of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	
Name:	TODS SOBRY	· · · · · · · · · · · · · · · · · · ·	
Office Address:	4115 GULF DA	UNIT 1803	
	PANAMA CUTU (City)	. Florida 3240	<u>3</u>
Registered agent's accep Having been named as re	tance: gistered agent and to accept service o	of process for the above stated limited	liability company at the place
to comply with the provisi	tion, I hereby accept the appointmen	t as registered agent and agree to act oer and complete performance of my o	in this capacity. I further agree
to comply with the provisi	tion, I hereby accept the appointmen ions of all statutes relative)to the prop	t as registered agent and agree to act per and complete performance of my o	in this capacity. I further agree
to comply with the provisi and accept the obligation:	tion, I hereby accept the appointmentions of all statutes relativelto the profess of my position as registered agent. (Registered agent	t as registered agent and agree to act per and complete performance of my o a's signature)	in this capacity. I further agree
to comply with the provisi and accept the obligation:	tion, I hereby accept the appointmen ions of all statutes relative to the prop s of my position as registered agent.	t as registered agent and agree to act per and complete performance of my o a's signature)	in this capacity. I further agree
to comply with the provisi and accept the obligation: 8. The name, title or capa	tion, I hereby accept the appointmentions of all statutes relativelto the profess of my position as registered agent. (Registered agent and address of the person(s) who	as registered agent and agree to act ber and complete performance of my o at signature) has/have authority to manage is/are:	in this capacity. I further agree duties, and I am familiar with
to comply with the provisi and accept the obligations 8. The name, title or capa <u>Title or Capacity:</u>	ion, I hereby accept the appointment ons of all statutes relativelto the profess of my position as registered agent. (Registered agent and address of the person(s) who Name and Address:	as registered agent and agree to act ber and complete performance of my o at signature) has/have authority to manage is/are:	in this capacity. I further agree duties, and I am familiar with
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to comply with the provisi and accept the obligations 8. The name, title or capa <u>Title or Capacity:</u>	ncity and address of the person(s) who Name and Address: Total Statutes of the person(s) who Name and Address: Total Sorting Shall of the person of the	as registered agent and agree to act ber and complete performance of my o at signature) has/have authority to manage is/are:	in this capacity. I further agree duties, and I am familiar with
8. The name, title or capa Title or Capacity: MEMBEN (Use attachments if neces: 9. Attached is a certificate	neity and address of the person(s) who Name and Address: Total Standards of the person(s) who Name and Address: Total Sorting Standards of the person of t	as registered agent and agree to act ber and complete performance of my o at signature) has/have authority to manage is/are:	Name and Address
8. The name, title or capa Title or Capacity: MEMBEN (Use attachments if necess) 9. Attached is a certificate jurisdiction under the law of the translator must be su	sary) of existence, no more than 90 days of of which it is organized. (If the certification accordance with section 605.07.) of the Department of State constitutes a constitute a con	d. as registered agent and agree to actor and complete performance of my description and complete performance o	Name and Address: ving custody of records in the ton of the certificate under oath
8. The name, title or capa Title or Capacity: MEMBEN (Use attachments if necess) 9. Attached is a certificate jurisdiction under the law of the translator must be su	sary) of existence, no more than 90 days of of which it is organized. (If the certification accordance with section 605.02) state of the person of the per	d. as registered agent and agree to actor and complete performance of my description and complete performance o	Name and Address: ving custody of records in the ton of the certificate under oath

Typed or printed name of signee

Control Number: 18011102

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

TMS Investments, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 15478543 Date Inc/Auth/Filed: 01/23/2018 Jurisdiction : Georgia Print Date : 03/09/2018

Form Number : 211



Brian P. Kemp Secretary of State