

M18 000 003701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

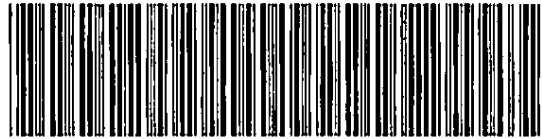
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000311659700

04/17/18--01004--020 **130.00

RECEIVED

APR 16 2018

2018 APR 16 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

LAW OFFICES
DUGGAN SHADWICK DOERR & KURLBAUM, LLC

9101 W. 110TH STREET, SUITE 200
OVERLAND PARK, KANSAS 66210
TELEPHONE (913) 498-3536
FACSIMILE (913) 498-3538

April 12, 2018

SENT VIA FED EX

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: TMT33, LLC – Foreign Application for Registration

Dear Clerk,

Enclosed please find the check, number 020624 in the filing fee amount of \$130.00, along with the Application By Foreign Limited Liability Company Authorization to Transact Business in Florida form, and Certificate of Good Standing for TMT33, LLC for filing with Florida Secretary of State.

Should you have any questions please feel free to contact our office. My direct line is 913-777-5361.

Very Truly Yours,

S/ Jennifer Morgan

Jennifer Morgan, Paralegal

DUGGAN SHADWICK DOERR
& KURLBAUM, LLC

Enclosures
OLI01-376/TMT33, LLC/4/12/2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TMT33, 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:

Tyler Oliver
Name of Person
Colby Capital, L.L.C
Firm/Company
13356 Metcalf Avenue
Address
Overland Park, Kansas, 66213
City/State and Zip Code
jeannie@colbycapitalllc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tyler Oliver 913 738-9100

Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE 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:

1. TMT33, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. KANSAS 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 13356 Metcalf Avenue 6. 13356 Metcalf Avenue
(Street Address of Principal Office) (Mailing Address)
Overland Park, KS 66213 Overland Park, KS 66213

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T CORPORATION SYSTEM
Office Address: 1200 SOUTH PINE ISLAND ROAD
PLANTATION, Florida 33324
(City) (Zip code)

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.

Nichol McCroy Nichol McCroy, Assistant Secretary
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Tyler S. Oliver</u> <u>13356 Metcalf Avenue</u> <u>Overland Park, Kansas 66213</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(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. I 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.

Tyler S. Oliver
Signature of an authorized person
Tyler S. Oliver
Typed or printed name of signee

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 8993941

Entity Name: TMT33, LLC

Entity Type: KANSAS LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: TYLER S OLIVER

Registered Office: 13356 Metcalf Avenue, OVERLAND PARK, KS 66213

was filed in this office on April 10, 2018, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of April 10, 2018

KRIS W. KOBACH
SECRETARY OF STATE

Certificate ID: 1047372 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.