M1880000 4270

(Requestor's Name)	
(Address)	
(Address)	
(1021000)	
(0) 10 1 7 10	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	JL
(Business Entity Name)	
(Document Number)	
(Socialis in the install)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





400312688464

04/30/18--01034--006 **125.00







COVER LETTER

TO: Registration Section

Division of Corporations

TEAM TRADERS, 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:

P	Н	П	. G	D^{\wedge}	1	\Box	
Γ_	П	IL	_ (3)	$ abla \mathcal{F}$	۱I۱	ıL	

Name of Person

TEAM TRADERS, LLC

Firm/Company

40 S. Pineapple Ave. #200

Address

Sarasota, FL 34236

City/State and Zip Code

tradertobi@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PHIL GRANDE

....941

376-0576

Name of Contact Person

Area Cod

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

2018 APR 27 PH 1: 2

DEPARTMENT OF STANLISION OF CORPUS
TALL AHASSEE, PT

ho &

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:

NEVADA	me adopted for the purpose of transacting business in	in Florida. The alternate name must include "Limited I	.iability Company," "L.I. C," or "I.I.C,")
		3. 82-5259107	
(Jurisdiction under the law of whi	ch foreign limited hability company is organized)	(FEU ru	imber, if applicable)
	(Date first transacted business in Florida, if pro (See sections 605 0904 & 605,0905, F.S. to det	or to registration)	
40 S. Pineapple A		6. 40 S. Pineapple Av	re #200
(Street Address of Pr	meipal Office)	(Mailing A	
Sarasota, FL 342	<u> </u>	Sarasota, FL 3423	36
			
Name and street address	of Florida registered agent: (P.O. B	Box NOT acceptable)	A.P.
Name:	Phil Grande		ilia ze La Co
Office Address:	40 S. Pineapple Ave. #200	0	
	Sarasota	Florida <u>34236</u>	
	(City)		· ••••
	ance:	of process for the above stated limit	ode) F
laving been named as reg esignated in this applicati	ance: distered agent and to accept service of ion, I hereby accept the appointmen	of process for the above stated limite nt as registered agent and agree to a oper and complete performance of m	ed liability company at the pert in this capacity. I further
esignated in this applicati comply with the provision	ance: distered agent and to accept service of ion, I hereby accept the appointmen	nt as registered agent and agree to a oper and complete performance of m	ed liability company at the pert in this capacity. I further
aving been named as reg esignated in this applicate comply with the provision	ance: eistered agent and to accept service of ion. I hereby accept the appointmen ons of all statutes relative to the proj	nt as registered agent and agree to a oper and complete performance of m	ed liability company at the pert in this capacity. I further
laving been named as reg esignated in this applicati comply with the provision	ance: eistered agent and to accept service of ion. I hereby accept the appointmen ons of all statutes relative to the proj	nt as registered agent and agree to acoper and complete performance of m	ed liability company at the pert in this capacity. I further
laving been named as reg esignated in this application ocomply with the provision and accept the obligations of The name, title or capac	ance: eistered agent and to accept service of ion. I hereby accept the appointment ons of all statutes relative to the profof my position as registered agent. Acceptated agent of the person(s) who	nt as registered agent and agree to acoper and complete performance of memissinguities) on has/have authority to manage is/are:	ed liability company at the p ct in this capacity. I further y duties, and I am familiar y
laving been named as regestignated in this applicate comply with the provision accept the obligations. The name, title or capacity:	ance: distered agent and to accept service of the appointment ons of all statutes relative to the proposition as registered agent. Acceptance agent and address of the person(s) who Name and Address:	nt as registered agent and agree to acoper and complete performance of m	ed liability company at the pot in this capacity. I further y duties, and I am familiar y
aving been named as reg esignated in this applicati comply with the provision and accept the obligations . The name, title or capac	ance: eistered agent and to accept service of ion. I hereby accept the appointment ons of all statutes relative to the proportion as registered agent, accepts and address of the person(s) who Name and Address: Phil Grande	nt as registered agent and agree to acoper and complete performance of memissinguities) on has/have authority to manage is/are:	ed liability company at the p ct in this capacity. I further y duties, and I am familiar y
aving been named as regestignated in this applicate comply with the provision accept the obligations. The name, title or capacity:	ance: distered agent and to accept service of the appointment ons of all statutes relative to the proposition as registered agent. Acceptance agent and address of the person(s) who Name and Address:	nt as registered agent and agree to acoper and complete performance of memissinguities) on has/have authority to manage is/are:	ed liability company at the p ct in this capacity. I further y duties, and I am familiar y
aving been named as regestignated in this applicate comply with the provision accept the obligations. The name, title or capace Title or Capacity: MANAGER	ance: eistered agent and to accept service of ion. I hereby accept the appointment ons of all statutes relative to the project of my position as registered agent, and address of the person(s) who Name and Address: Phil Grande 40 S. Pineadole Ave. #200 Sarasota, Fl. 34236	nt as registered agent and agree to acoper and complete performance of memissinguities) on has/have authority to manage is/are:	ed liability company at the p ct in this capacity. I further y duties, and I am familiar y
laving been named as regestignated in this applicate comply with the provision accept the obligations. The name, title or capacity:	ance: eistered agent and to accept service of ion. I hereby accept the appointment ons of all statutes relative to the proposition as registered agent. Of my position as registered agent. Eity and address of the person(s) who Name and Address: Phil Grande 40 S. Pineapple Ave. #200 Sarasota, Fl. 34236 Steven Celeste	nt as registered agent and agree to acoper and complete performance of memissinguities) on has/have authority to manage is/are:	ed liability company at the p ct in this capacity. I further y duties, and I am familiar y
laving been named as regesignated in this applicate comply with the provision accept the obligations. The name, title or capacity: MANAGER	ance: eistered agent and to accept service of ion. I hereby accept the appointment ons of all statutes relative to the project of my position as registered agent, and address of the person(s) who Name and Address: Phil Grande 40 S. Pineadole Ave. #200 Sarasota, Fl. 34236	nt as registered agent and agree to acoper and complete performance of memissinguities) on has/have authority to manage is/are:	ed liability company at the p ct in this capacity. I further y duties, and I am familiar y

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **TEAM TRADERS, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 11, 2018, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 20, 2018.

Ballara K. Cegarske

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20180420-0844