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### COVER LETTER

14.5	sion of Corporation	ıs			
	TME Marketing, LI				
SCOJECT		Name of	Limited Liability (	Company	
The enclosed Existence, and	"Application by For deheck are submitte	eign Limited Liability Comp d to register the above refere	oany for Authoriza enced foreign limit	tion to Tra ed liability	nnsact Business in Florida," Certificate of company to transact business in Florid
Please return	all correspondence e	concerning this matter to the	following:		
	William Willen	ns			
		N	ame of Person		
	TME Marketin	g, LLC			
	·····	Fi	пп/Сотралу		
	4400 W Urbana	ı St			
	<del></del>		Address		
	Broken Airow,	OK 74012			
		City/S	tate and Zip Code		
	sultanofsurplus@	gmail.com			
		E-mail address: (to be used	I for future annual	report not	ification)
For further in	formation concerning	g this matter, please call:			
Will	liam Willems		505	440-94	- ·
	Name o	f Contact Person	Area Code	Day	time Telephone Number
Divi Regi P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 thassee, Ft. 32314			Division Registrati Clifton B 2661 Exc	CADDRESS: of Corporations ion Section uilding centive Center Circle iee, FL 32301
	check for the follow 125.00 Filing Fee	ing amount:  \$\B\$ \$130.00 \text{ Filing Fee & Certificate of Status}\$	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$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. HMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in Fl		Liability Company," "L.E.C," or "LUC."}
Oklahoma (Jurisdiction under the law of v	which foreign braited liability company is organized)	3. <u>\$3-0767380</u> (FELT	umber, if applicable)
4	(Date first transacted business in Florida, it prior to	registration )	
4400 11/41 1	(See sections 605,0904 & 605 0905, F.S. to determ	• • • • • • • • • • • • • • • • • • • •	
5. 4400 W Urbana St. (Street Address of	Principal Office)	6. 4400 W Urbana St.	Address)
Broken Arrow, OK 7-		Broken Arrow, OK 7401	
			<del></del>
7. Name and street addre	ss of Florida registered agent: (P.O. Box	( <u>NOT</u> acceptable)	ACC 28
	Daniel Willems		
Name:	Daniel Williams		
Office Address:	708 Breakfast Point Blvd		SSS 3
	Panama City Beach	Florida 32407	To Provide the Pro
	(City)	. (Zip	code)
	tions of all statutes relative to the proper is of my position as registered agent.	and complete performance of m	ry duties, and I am familiar with
	ns of my position as registered agent.	and complete performance of m	y duties, and I am familiar with
and accept the obligation	is of my position as registered agent.  (Registered agent's	and complete performance of m	y duties, and I am Jamiliar with
and accept the obligation  8. The name, title or cap	(Registered agent's	signature) as/have authority to manage is/are	y duties, and I am Jamiliar with
8. The name, title or cap Title or Capacity:	(Registered agent)  (Registered agent's racity and address of the person(s) who have and Address:	signature) as/have authority to manage is/are Title or Capacity:	y duties, and I am Jamiliar with  Name and Address:
and accept the obligation  8. The name, title or cap	(Registered agent's racity and address of the person(s) who have and Address:  William Willems	signature) as/have authority to manage is/are	y duties, and I am Jamiliar with  Name and Address:  Daniel Willems
8. The name, title or cap Title or Capacity:	(Registered agent)  (Registered agent's racity and address of the person(s) who have and Address:	signature) as/have authority to manage is/are Title or Capacity:	y duties, and I am familiar with
8. The name, title or cap Title or Capacity:	racity and address of the person(s) who have and Address:  William Willems  4400 W Urbana St.	signature) as/have authority to manage is/are Title or Capacity:	Name and Address:  Daniel Willems  708 Breakfast Point Blyd
8. The name, title or cap Title or Capacity:	racity and address of the person(s) who have and Address:  William Willems  4400 W Urbana St.	signature) as/have authority to manage is/are Title or Capacity:	Name and Address:  Daniel Willems  708 Breakfast Point Blyd
8. The name, title or cap Title or Capacity:	racity and address of the person(s) who have and Address:  William Willems  4400 W Urbana St.	signature) as/have authority to manage is/are Title or Capacity:	Name and Address:  Daniel Willems  708 Breakfast Point Blyd
8. The name, title or cap Title or Capacity: Owner	wacity and address of the person(s) who have and Address:  William Willems  4400 W Urbana St.  Broken Arrow, OK 74012	signature) as/have authority to manage is/are Title or Capacity:	Name and Address:  Daniel Willems  708 Breakfast Point Blyd
8. The name, title or cap Title or Capacity: Owner	(Registered agent's registered agent's racity and address of the person(s) who have and Address:  William Willems  4400 W Urbana St.  Broken Arrow, OK 74012	signature) as/have authority to manage is/are Title or Capacity: Owner	Name and Address:  Daniel Willems  708 Breakfast Point Blvd PCB, FL 32407
8. The name, title or cap Title or Capacity: Owner  (Use attachments if necess). Attached is a certificate urisdiction under the law	wacity and address of the person(s) who have and Address:  William Willems  4400 W Urbana St.  Broken Arrow, OK 74012  ssary)  c of existence, no more than 90 days old. of which it is organized. (If the certifical	and complete performance of manage is/are as/have authority to manage is/are Title or Capacity: Owner	Name and Address:  Daniel Willems  708 Breakfast Point Blvd PCB, FL 32407
8. The name, title or cap Title or Capacity: Owner  (Use attachments if necessarisdiction under the law	wacity and address of the person(s) who have and Address:  William Willems  4400 W Urbana St.  Broken Arrow, OK 74012  ssary)  c of existence, no more than 90 days old. of which it is organized. (If the certifical	and complete performance of manage is/are as/have authority to manage is/are Title or Capacity: Owner	Name and Address:  Daniel Willems  708 Breakfast Point Blvd PCB, FL 32407
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Typed or printed name of signee

#### OFFICE OF THE SECRETARY OF STATE



## CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>TME MARKETING, LLC</u> whose registered agent is <u>WILLIAM JOHN WILLEMS</u>, with its registered office at <u>4400 W URBANA ST</u> <u>BROKEN ARROW 74012 USA</u> Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>8th</u>, day of <u>July</u>, <u>2018</u>.

Secretary Of State