## M18000007827

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## **COVER LETTER**

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TO: Registration Section

	ion of Corporation							
SUBJECT:	Name of Limited Liability Company							
					nsact Business in Florida," Cocompany to transact busines			
Please return a	all correspondence o	concerning this matter to the	following:					
	MARSHA SIH	Α						
		Na	me of Person	-				
	INCFILE.COM	1 LLC						
		Fi	rm/Company	·				
	17350 STATE	E HWY 249 SUITE 22	0					
•			Address					
-	HOUSTON T	X 77064						
	<del></del>	City/Si	tate and Zip Code					
	marsha@incfile	a.com						
	<del></del>	E-mail address: (to be used	for future annual	report not	ification)			
For further inf	ormation concernin	g this matter, please call:						
MARSHA SIHA		888 at (		353 X 701				
	Name o	of Contact Person	Area Code	Day	time Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						
	check for the follow 25.00 Filing Fee	ring amount:  \$\sum \\$130.00 \text{ Filing Fee & Certificate of Status}\$	☐ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cert 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Nume of Fore	ign Limited Liability Company; musi include "	Limited Liability Company, L.L.C., or	LEC. J	
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpose of transaction "LLC.")	cting business in Florida. The alternate nam	ne must include "Limite	·d
Delaware	3			
company is organized)	of which foreign limited liability	(FEI number, if applicable)		
4. N/A			_	
	(Date first transacted business in Floric (See sections 605.0904 & 605.0905, F.S.	da, if prior to registration.) to determine penalty liability)		
3301 NE 1ST AVE			<del>-</del>	
MIAMI, FL 33137			- 55 <b>18</b>	
	(Street Address of Principal O	office)	AUG AH!	
6. 3301 NE 1ST AVE				-11
MIAMI, FL 33137			AUG 21 DRC JARY AHA SSE	
·	(Mailing Address)			
7 Name and street addres	s of Florida registered agent: (P.O. Box )	NOT acceptable)	L L: 12 STATE FLORID.	$\bigcirc$
Name:	LEGALINC CORPORATE SERVICE	SINC.	12 816/	
Office Address:	5237 SUMMERLIN COMMONSSUI	TE 400	:N	
	FORT MYERS	, Florida33907		
	(City)	(Zip code)	-	
designated in this applica to complywith the provisi	gistered agent and to accept service of protion, I hereby accept the appointment as toons of all statutes relative to the proper army position as registered agent.  (Registered agent	registered agent and agree to act in the nd complete performance of my duties	is capacity. I further	r agree
8. The name, title or caps	acity and address of the person(s) who has/	have authority to manage is/are:		
Mikel Aizpurua - AMB	R - 3301 NE 1ST AVE Miami FL 33	137		
			<del></del>	
		<del></del>	<del></del>	
9. Attached is a certificate jurisdiction under the law of the translator must be s	,	is in a foreign language, a translation o	custody of records in fithe certificate under	the roath
	Mikel Aizp Signature of an aukh	norized person	-	
This document is executed submitted in a document to	d in accordance with section 605.0203 (1) ( to the Department of State constitutes a third Mikel Aizpurua	(b), Florida Statutes. I am aware that and degree felony as provided for in s.817	y false information 7.155, F.S.	

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TINY TANK LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE FOURTEENTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203247340

Date: 08-14-18