

M18000009366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

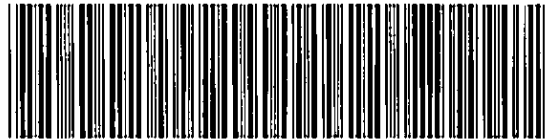
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

files W18-80479

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JULIA A. HARRIS

JUL 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 8, 2018

TROY MIFSUD  
629 HART LAKE DR  
WINTER HAVEN, FL 33884

SUBJECT: TMCADD CONSULTING & SERVICES, LLC  
Ref. Number: W18000080479

We have received your document for TMCADD CONSULTING & SERVICES, 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):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 418A00018620

RECEIVED  
OCT 15 2018

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**TO: Registration Section**  
**Division of Corporations**

umcadd consulting & services, llc

**SUBJECT:** \_\_\_\_\_  
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:

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

For further information concerning this matter, please call:

troy mifsud at ( 603 ) 540-2257

Name of Contact Person Area Code Daytime Telephone Number

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

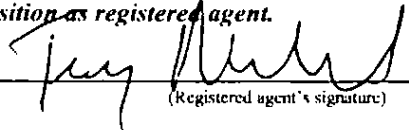
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA**

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. mcadd consulting & services, llc  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
myCADD, 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. New Hampshire 3. 20-1097763  
(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. 629 Hart Lake Dr. 6. 629 Hart Lake Dr.  
(Street Address of Principal Office) (Mailing Address)  
Winter Haven, FL 33884 Winter Haven, FL 33884
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Troy Mifsud
- Office Address: 629 Hart Lake Dr.  
Winter Haven, Florida 33884  
(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.*

  
(Registered agent's signature)

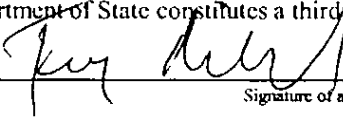
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Mr.</u>	<u>Troy Mifsud</u>  <u>629 Hart Lake</u>  <u>Winter Haven FL</u> 	<u>President</u>	<u>Troy M. Mifsud</u> <u>629 Hart Lake Dr</u> <u>Winter Haven FL</u> <u>33884</u>
<u>Mrs.</u>	<u>Tracy Mifsud</u>  <u>629 Hart Lake Dr</u>  <u>Winter Haven FL</u> 	<u>Office Manager</u>	<u>Tracy M. Mifsud</u> <u>629 Hart Lake Dr</u> <u>Winter Haven FL</u> <u>33884</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.

  
Signature of an authorized person  
TRUY MIFSUD  
Typed or printed name of signer

# State of New Hampshire

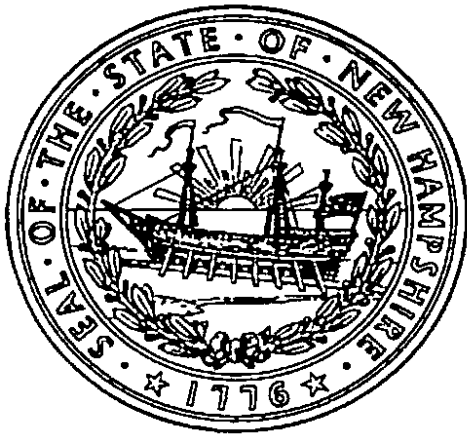
## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that TMCADD CONSULTING & SERVICES LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on October 16, 2003. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 453053

Certificate Number: 0004169075



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 27th day of August A.D. 2018.

A handwritten signature in black ink, appearing to read "Wm Gardner".

William M. Gardner  
Secretary of State