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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

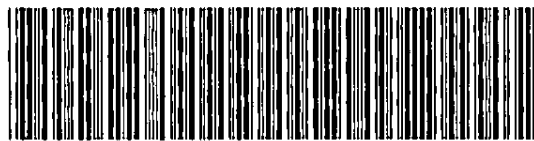
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C CAVE  
JAN 09 2019

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TTBBM 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:

Ashlee Tackett

\_\_\_\_\_  
Name of Person

TTBBM LLC

\_\_\_\_\_  
Firm/Company

513 Marion Oaks Blvd

\_\_\_\_\_  
Address

Ocala, FL 34473

\_\_\_\_\_  
City/State and Zip Code

TTBBM@protonmail.com

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

For further information concerning this matter, please call:

Ashlee Tackett

352

817-7388

at ( )

\_\_\_\_\_  
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. TTBBM 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. Delaware 83-2184185  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. No business has transacted as of yet but is expected to begin in January of 2019  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 513 Marion Oaks Blvd  
(Street Address of Principal Office)  
Ocala, FL 34473

6. 513 Marion Oaks Blvd  
(Mailing Address)  
Ocala, FL 34473

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

Name: Ashlee Tackett

Office Address: 513 Marion Oaks Blvd

Ocala 34473  
(City) Florida (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:

Title or Capacity:

Name and Address:

President

Ashlee Tackett

513 Marion Oaks Blvd

Ocala, FL 34473

(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

Ashlee Tackett

Typed or printed name of signee

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 12:22 PM 10/11/2018  
FILED 12:22 PM 10/11/2018  
SR 20187093031 - File Number 7096374

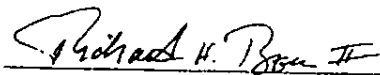
**CERTIFICATE OF FORMATION  
OF  
TTBBM LLC**

(A Delaware Limited Liability Company)

**First:** The name of the limited liability company is: TTBBM LLC

**Second:** Its registered office in the State of Delaware is located at 16192 Coastal Highway, Lewes, Delaware 19958, County of Sussex. The registered agent in charge thereof is Harvard Business Services, Inc.

IN WITNESS WHEREOF, the undersigned, being fully authorized to execute and file this document have signed below and executed this Certificate of Formation on this October 11, 2018.



Harvard Business Services, Inc., Authorized Person  
By: Richard H. Bell, II, President