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(Requestor's Name)
(Address)
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COVER LETTER

Division	tion Section of Corporations						
SUBJECT:	TAT	A'S, LLC Nume of L	imited Liability Company				
The enclosed "Ap	plication by Fore	ign Limited Liability Compa	any for Authorization to Tra	insact Business in Florida," Certificate of company to transact business in Florida.			
Please return all c	orrespondence co	oncerning this matter to the I	ollowing:				
		ILÎJA B	A JOVIC A				
		Na	me of Person				
	1	4UHJP	_ L C				
MILHUA LLC Firm/Company							
	12550	BISCATNO	2 B2 VD.	STE 311			
	<u>~~</u>	ORTH Mix	MI FLO	RiDA, 33181			
E-mail address: (to be used for future annual report notification)							
For further inform	nation concerning	this matter, please call:	·				
 -	_	BAJOVIC Contact Person	at (305) 4	139 4462 time Telephone Number			
Division Registra P.O. Bo:	of Corporations tion Section x 6327 see, FL 32314		Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding recutive Center Circle eec, FL 32301			
Enclosed is a ched □ \$125.	ck for the followi 00 Filing Fee	ng amount: Signal Sign	☐ \$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

(Name of Foreign Lit	LLC mited Liability Company; must include "Limited Li	iability Company "" 1 C " or "1	<u> </u>	
(Mark of Foreign Car	mice manny company, mass medde familed in	ability company, tale of the	ice. 7	
	e adopted for the purpose of transacting business in Florida.			"LL.C.")
2. DELAWARE	n foreign lumued liability company is organized)	3		
(Jurisdiction under the law of which	n foreign limited liability company is organized)	(FE	I number, if applicable)	
4. <u>17/4</u>				
• 0\	(Date first transacted business in Florida, if prior to regis (See sections 605 0904 & 605 0905, F.S. to determine p	stration) senalty liability)		220 211
5. 12550 6150 (Super Address of Prin	A YNC ELVD STE311	6. 12550 BISC	ASW BLVD.	518 311
NORTH MIAN	AYNC BLUD STE311 cipal Office)	NORTH MI	AMI FL 3	<u>3</u> 131
7 Name and street address	of Florida registered agent: (P.O. Box N	IOT accentable)		
			 1	2
Name: _	NORTH MIAMI EL		A SEC	FIL1
Office Address:	12550 ELECTINE PI	LUD SIE 311	A	\(\frac{1}{2} \)
_	NORTH MIAMI EL	, Florida 33	181 33	229
Registered agent's accepta Having been named as regi designated in this application to comply with the provision	nce: stered agent and to accept service of pro m, I hereby accept the appointment as ro is of all statutes relative to the proper an of my position as registered agent.	cess for the above stated lin egistered agent and agree to id complete performance of	ாited liability company a pact in this capacity பிரி	urtier agree
-	Ray : Um	Altered		
P. Thomas did on annual				
Title or Capacity:	ty and address of the person(s) who has/h Name and Address:	Title or Capacity:	ire: <u>Name and Addri</u>	<u>258:</u>
ONNER	JOEL TUIL AZESO BISCAURE BLUT STC 311 MORTH MIRM FL 33101			LIC STANG BLUD F
(Use attachments if necessar	ry)			
	Texistence, no more than 90 days old, dul which it is organized. (If the certificate is mitted)			
10. This downered in the con-	ed in accordance with section 605,0203 (1	l) (b), Florida Statutes, I am	aware that any false infor	mation
submitted in a document to the	he Department of State constitutes a third	degree felony as provided fo	or in s.817,155, F.S.	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TATA'S, 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 TWENTY-FOURTH DAY OF JANUARY, A.D. 2019.

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

TO SECONDARY OF THE PARTY OF TH

Authentication: 202134749

Date: 01-24-19