# M40000016661

(D
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<del></del>
·
Special Instructions to Filing Officer:

Office Use Only



700324829717

2019 FEB 15 AM 8: 37

in 187. FrRATHEI CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 634924 8022312 AUTHORIZATION : COST LIMIT : ORDER DATE: February 15, 2019 ORDER TIME : 1:20 PM ORDER NO. : 634924-005 CUSTOMER NO: 8022312 FOREIGN FILINGS C/T NAME: TCB TELECOM, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX\_\_\_ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Emily Croft -- EXT# 62925

# COVER LETTER

• 1

TO:	Registratio Division of		ns				
SUBJI		elecom, LLC					
			Name o	f Limited Liability	Сотрапу		
The en	iclosed "Appli nce, and check	cation by For are submitte	reign Limited Liability Cor ed to register the above refe	mpany for Authoriz crenced foreign limi	ation to Ti ited liabili	ransact Business in Florida," C ty company to transact busines	Crtificate o
Please	return all corr	spondence	concerning this matter to th	e following:			
	El	zabeth Smit	h				
				Name of Person			
	TO	B Telecom,	LLC				
		<del></del>		Firm/Company			
	15	31 Hunt Clu	b Blvd, Ste 210				
		· · · · · · · · · · · · · · · · · · ·		Address			
	Ga	ilatin, TN 37	2066				
	<del></del>		City/	State and Zip Code			
	esmi	th@i-t-g.net					
		<u> </u>	E-mail address: (to be us	ed for future annual	report no	tification)	
For fur	ther informatio	n concernin	g this matter, please call:				
	Elizabeth Si	nith		615 at (	447-53	347 x403	
		Name o	f Contact Person	Area Code	Day	ytime Telephone Number	
	MAILING A Division of C Registration P.O. Box 63: Tallahassee,	Corporations Section 27			Division Registrat Clifton E 2661 Exc	of Corporations Sion Section Building Secutive Center Circle See, FL 32301	
Enclose	ed is a check fo □ \$125.00 F		ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155,00 Filir Certified Copy	ıg Fee &	☐ \$160.00 Filing Fee, Certi of Status & Certified Copy	ficate

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

IN COMPLIANCE WITH SECTION 605.6902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in		Liability Company," "L.L.C," or "LLC,")
2. Tennessee  (Jurisdiction under the law of w	frich foreign limited liability company is organized)	3. 47-1544313	number, if applicable)
•		(, , , ,	manipor, it approache)
4. N/A	(Date first transacted business in Florida, if prior	to registration.)	<del></del>
510 1 1 1 1	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete		
5. 510 Industrial Ave (Street Address of	Principal Office)	6. 1531 Hunt Club Blvd (Mailing)	Address
Boynton Beach, FL 33	-	Ste 210	1100000)
		Gallatin, TN 37066	20
7. Name and street addre	ss of Florida registered agent: (P.O. B	ox NOT acceptable)	FEB T
Name;	Corporation Service Company	• •	
regine,		······································	50 T
Office Address:	1201 Hays Street		
	Tallahassee	, Florida <u>32301</u>	
	(City)	(Zip	COOK) TEN SI
Registered agent's accep		Carrier and Carrier at the same	
deving ocen numeu us re	gistered agent and to accept service of tion, I hereby accept the appointment	y process for the above statea limit	ted trability company at the place
to comply with the provisi	non, i nereby accept the appointment	as regisierea agent ana agree to c	ict in this capacity. I jurther agree
	ions of all statutes retailve to the brob	er and complete performance of m	ny duties and I am familiar with
and accept the obligation	s of my position as registered agent.		ny duties, and I am familiar with
and accept the obligation.	s of my position as registered agent.  Corporation Service Company		-
and accept the obligation	s of my position as registered agent.		-
and accept the obligation.	s of my position as registered agent.  Corporation Service Company  By:  (Registered agen	Emily ( Asst. Vice F	Croft President
and accept the obligation.	s of my position as registered agent.  Corporation Service Company  By:	Emily ( Asst. Vice F	Croft President
<ul><li>and accept the obligation.</li><li>8. The name, title or capa</li></ul>	Corporation as registered agent. Corporation Service Company By:  (Registered agent) acity and address of the person(s) who	Emily ( Asst. Vice F has/have authority to manage is/are	President
8. The name, title or capa <u>Title or Capacity:</u>	cof my position as registered agent.  Corporation Service Company By:  (Registered agent)	Asst. Vice F has/have authority to manage is/are Title or Capacity: VP of Operations	President  Name and Address:  Guilherme Elias  2151 Blount Rd
8. The name, title or capa <u>Title or Capacity:</u>	city and address of the person(s) who  Name and Address:  Michael Brooks	Asst. Vice F has/have authority to manage is/are Title or Capacity: VP of Operations	President  Name and Address:  Guilherme Elias
8. The name, title or capa <u>Title or Capacity:</u>	cof my position as registered agent.  Corporation Service Company By:  (Registered agent)	Asst. Vice F has/have authority to manage is/are Title or Capacity: VP of Operations	President  Name and Address:  Guilherme Elias  2151 Blount Rd
8. The name, title or capa <u>Title or Capacity:</u>	cof my position as registered agent.  Corporation Service Company By:  (Registered agent)	Asst. Vice F has/have authority to manage is/are Title or Capacity: VP of Operations	President  Name and Address:  Guilherme Elias  2151 Blount Rd
8. The name, title or capa <u>Title or Capacity:</u>	cof my position as registered agent.  Corporation Service Company By:  (Registered agent)	Asst. Vice F has/have authority to manage is/are Title or Capacity: VP of Operations	President  Name and Address:  Guilherme Elias  2151 Blount Rd
8. The name, title or capa Title or Capacity:  CEO	corporation as registered agent. Corporation Service Company. By:  (Registered agent) (Re	Asst. Vice F has/have authority to manage is/are Title or Capacity: VP of Operations	President  Name and Address:  Guilherme Elias  2151 Blount Rd
8. The name, title or capa Title or Capacity: CEO  (Use attachments if neces:	corporation as registered agent. Corporation Service Company. By:  (Registered agent) (Re	Asst. Vice F has/have authority to manage is/are Title or Capacity:  VP of Operations	President  Name and Address:  Guilherme Elias  2151 Blount Rd Pompano Beach, FL 33069
8. The name, title or capa Title or Capacity: CEO  (Use attachments if necessity: 9. Attached is a certificate jurisdiction under the law	sof my position as registered agent. Corporation Service Company By:  (Registered agent) Registered agent (Registered agent) (Registered a	Asst. Vice F has/have authority to manage is/are Title or Capacity:  VP of Operations  10  I, duly authenticated by the official	President  Name and Address:  Guilherme Elias  2151 Blount Rd Pompano Beach, FL 33069  having custody of records in the
8. The name, title or capa Title or Capacity: CEO  (Use attachments if necessity: a certificate jurisdiction under the law of the translator must be su	sof my position as registered agent. Corporation Server Company By:  (Registered agent) Registered agent (Registered agent) (Registered agent) Registered agent (Registered agent) (Registered age	Asst. Vice F has/have authority to manage is/are Title or Capacity:  VP of Operations  I, duly authenticated by the official ate is in a foreign language, a trans	President  Name and Address:  Guilherme Elias  2151 Blount Rd Pompano Beach, FL 33069  having custody of records in the lation of the certificate under oath
8. The name, title or capa Title or Capacity: CEO  (Use attachments if necessity is a certificate jurisdiction under the law of the translator must be sufficient in the suffi	sof my position as registered agent. Corporation Server Company By:  (Registered agent) Registered agent (Registered agent (Registered agent) (R	Asst. Vice F has/have authority to manage is/are  Title or Capacity:  VP of Operations  I, duly authenticated by the official ate is in a foreign language, a trans  03 (1) (b), Florida Statutes, I am av	President  Rame and Address:  Guilherme Elias  2151 Blount Rd Pompano Beach, FL 33069  having custody of records in the lation of the certificate under oath
8. The name, title or capa Title or Capacity: CEO  (Use attachments if necessity is a certificate jurisdiction under the law of the translator must be suited. This document is executed.	sof my position as registered agent. Corporation Server Company By:  (Registered agent) Registered agent (Registered agent) (Registered agent) Registered agent (Registered agent) (Registered age	Asst. Vice F has/have authority to manage is/are  Title or Capacity:  VP of Operations  I, duly authenticated by the official ate is in a foreign language, a trans  03 (1) (b), Florida Statutes, I am av	President  Rame and Address:  Guilherme Elias  2151 Blount Rd Pompano Beach, FL 33069  having custody of records in the lation of the certificate under oath
8. The name, title or capa Title or Capacity: CEO  (Use attachments if necessity is a certificate jurisdiction under the law of the translator must be suited. This document is executed.	sof my position as registered agent. Corporation Server Company By:  (Registered agent) Registered agent (Registered agent) (Registered	Asst. Vice F has/have authority to manage is/are Title or Capacity:  VP of Operations  1, duly authenticated by the official ate is in a foreign language, a trans  03 (1) (b), Florida Statutes. I am avelaired degree felony as provided for	President  Rame and Address:  Guilherme Elias  2151 Blount Rd Pompano Beach, FL 33069  having custody of records in the lation of the certificate under oath
8. The name, title or capa Title or Capacity: CEO  (Use attachments if necess) 9. Attached is a certificate jurisdiction under the law of the translator must be su 10. This document is executed.	sof my position as registered agent. Corporation Server Company By:  (Registered agent) Registered agent (Registered agent) (Registered	Asst. Vice F has/have authority to manage is/are  Title or Capacity:  VP of Operations  I, duly authenticated by the official ate is in a foreign language, a trans  03 (1) (b), Florida Statutes, I am av	President  Rame and Address: Guilherme Elias 2151 Blount Rd Pompano Beach, FL 33069  having custody of records in the lation of the certificate under oath

Typed or printed name of signee



# Division of Business Services **Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

**AMY POOLE** 

AMY POOLE

251 LITTLE FALLS DR

WILMINGTON, DE 19808

Request Type: Certificate of Existence/Authorization

Request #:

0306113

Copies Requested:

Filing Fee:

Issuance Date: 02/15/2019

\$20.00

Receipt #: 004547620

Payment-Credit Card - State Payment Center - CC #: 3750326866

**Document Receipt** 

\$20.00

February 15, 2019

Regarding:

TCB TELECOM, LLC

Filing Type:

Status:

Limited Liability Company - Domestic

Formation/Qualification Date: 07/03/2014

Active

**Duration Term:** 

Perpetual

Business County: SUMNER COUNTY

Control #:

763380

Date Formed:

07/03/2014

Formation Locale: TENNESSEE

Inactive Date:

### CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

## TCB TELECOM, LLC

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State:
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

Verification #: 031906726