

MP000002408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

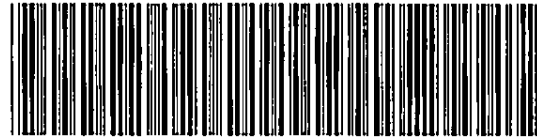
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W19-20871

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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WHS
3-13-18

TEAM VALOR
INTERNATIONAL

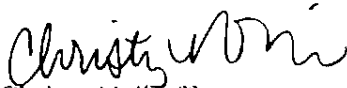
8461 Lake Worth Road Ste 404
Lake Worth, FL 33467
(859) 873-1003

March 11, 2019

Dear Sir or Madam,

Please see enclosed our Certificate of Existence with the State of Delaware. This item was missing from the requirements submitted to the State of Florida in February.

If you have any questions, please contact me at 859-873-1003. Thank you very much for considering this information, and I look forward to hearing from you.



Christy Neihoff
Director of Accounting and Human Resources
Team Valor International

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEAM VALOR INTERNATIONAL 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:

BARRY IRWIN

Name of Person

SAME AS ABOVE

Firm/Company

8461 LAKE WORTH ROAD, SUITE 404

Address

LAKE WORTH, FL 33467

City/State and Zip Code

BARRY @ TEAMVALOR.COM

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

For further information concerning this matter, please call:

BARRY IRWIN

Name of Contact Person

at (859) 621-8186

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. TEAM VALOR INTERNATIONAL 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 3. 311690833
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. FEBRUARY 21, 2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8461 LAKE WORTH Rd 6. _____
(Street Address of Principal Office) (Mailing Address)

SUITE 404

LAKE WORTH, FL 33467

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

Name: David McKibbin, P.A.

Office Address: 197 So. Federal Highway

Boca Raton, Florida 33432
(City) (Zip code)

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2019 MAR 13 PM 5:18
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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.

David McKibbin
(Registered agent's signature)
David McKibbin, P.A.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	<u>BARRY IRWIN</u>		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	<u>8461 LAKE WORTH Rd</u>		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized Person		<u>SUITE 404</u> <u>LAKE WORTH, FL 33467</u>		<input type="checkbox"/> Authorized Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized Person				<input type="checkbox"/> Authorized Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized Person				<input type="checkbox"/> Authorized Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized Person				<input type="checkbox"/> Authorized Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	

FILED
2019 MAR 13 PM 5:18
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

BARRY IRWIN
Signature of an authorized person

BARRY IRWIN
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TEAM VALOR INTERNATIONAL, 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 SEVENTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TEAM VALOR INTERNATIONAL, LLC" WAS FORMED ON THE FOURTEENTH DAY OF JANUARY, A.D. 2000.

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



Jeffrey W. Bullock, Secretary of State

3160992 8300

SR# 20191822893

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202394504

Date: 03-07-19