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Florida Department of State
Division of Corporations
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To: Division of Corporations
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TALLAHASSEE, FLORIDA
2019 JUL 19 PM 4:23

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
TDM Franchising, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

19 JUL 19 PM 4:13



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. TDMFranchising, 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
Jurisdiction under the law of which foreign limited liability company is organized

3.
(FBI 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. 4700S.SyracuseSt., Suite640
(Street Address of Principal Office)
Denver, CO 80237

6. 4700S.SyracuseSt., Suite640
(Mailing Address)
Denver, CO 80237

2019 JUL 19 PM 4:29
TDMFranchising, LLC
FLORIDA

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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. 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]:

Title or Capacity: **Name and Address:**

Manager Name: Ken Reber
 Address: 12760 High Bluff Drive, Suite 3
 San Diego, CA 92130

Member
 Authorized
 Person

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: Shaun M. Klein
 Address: 2398 E. Camelback Rd., Ste 850
 Phoenix, AZ 85016

Authorized
 Person

Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____

Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____

Other _____ Other _____

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 TALLAHASSEE, FLORIDA

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____

Other _____ Other _____

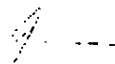
Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____

Other _____ Other _____

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.



 Signature of an authorized person

Ken Reber, Manager

 Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TDM FRANCHISING, 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 NINETEENTH DAY OF JULY, A.D. 2019.

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

TALLAHASSEE, FLORIDA
2019 JUL 19 PM 4:29



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

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SR# 20196064215

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

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Date: 07-19-19