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#### **COVER LETTER**

TO:

TO:	Registration Section Division of Corporations						
SUBJEC	CT: FL-TLA GROUP, LLC						
		ne of Limited Liability Company					
	losed "Application by Foreign Limited Liability re, and check are submitted to register the above						
Please re	eturn all correspondence concerning this matter t	to the following:					
	Tobi Epstein						
		Name of Person	<u> </u>				
	Epstein Law, P.A.		17   1.				
		Firm/Company	JIL 19 PH 4				
	1407 E. Robinson Street		mc p				
	-	Address	ESS F				
	Orlando, FL 32801		LORIDA				
	City/State and Zip Code						
	Tobi@EpsteinLawPA.com						
	E-mail address: (to b	e used for future annual report notification)					
For furth	ner information concerning this matter, please ca	dl:					
	Tobi Epstein	at ( 407 ) 682-3390					
	Name of Contact Person	Area Code Daytime Telep	hone Number				
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRES Division of Corpora Registration Section Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle				
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEI  S125.00 Filing Fee S130.00 Filing	Fee & S155.00 Filing Fee &	\$160.00 Filing Fee, Certificate				
	Certificate	of Status Certified Copy	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:

iavailable, enter alternate nar	ne adopted for the purpose of transacting business in Fl	orida The alternate	name must include "Limited Li	iability Company,"	"L.L.C," or "	"Ll.C.")	
nia		2					
dienon under the law of who	ch foreign limited liability company is organized)	3	(FEI nun	(FEI number, if applicable)			
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605.0905, F.S. to determ	registration )	1	<u> </u>	20		
	(See Sections 605 0704 to 605.0705; F.S. to determ				, 61		
2 Lee Lane		1342 6.	2 Lee Lane	至	<u> </u>	\$ !	
(Street Address of Pri	uncipal Office)	U	(Mailing Ad	Idress) (N)	<del></del>		
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				ALC SID	<del>-</del>		
ne and <u>street address</u> Name:	of Florida registered agent: (P.O. Bo Paine-Anderson Properties, Inc.	x <u>NOT</u> accep	table)				
	Paine-Anderson Properties, Inc.	x <u>NOT</u> accept	table) 				
Name:	Paine-Anderson Properties, Inc. 301 W. State Road 434, Suite 325						
Name:	Paine-Anderson Properties, Inc. 301 W. State Road 434, Suite 325		_	ode)			
Name: Office Address: ered agent's accept g been named as regulated in this applicat	Paine-Anderson Properties, Inc.  301 W. State Road 434, Suite 325  Winter Springs	process for the	327 Florida he above stated agent and agree	(Zip co	(Zip code) limited liability co	(Zip code)  limited liability company a to act in this capacity. I fi	

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: Name and Address: Title or Capacity: Name: Timothy L. Anderson Manager Manager Manager Name: \_\_\_\_ 1342 Lee Lane Member Address: \_\_ Member Address: Fincastle, VA 24090 Authorized Authorized Person Person Other \_\_\_\_ Other\_\_ Other\_\_ Name: \_\_\_\_\_\_ Manager | Manager Name: Address: \_\_\_\_\_ Member | Address: Member Authorized ■Authorized Person Person Other\_\_\_\_ Other\_\_\_\_\_ Other\_\_\_ Other\_\_ Name: Name: \_\_\_\_\_ Manager Member | Address: \_\_\_\_\_ Address: \_\_\_\_\_\_ Member Authorized Authorized Person Person Other \_\_\_\_ \_\_Other\_\_\_\_\_ Other\_\_ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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

Typed or printed name of signee

Timothy L. Anderson

# Commontoealth of Hirginia



# State Corporation Commission

### CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That TLA Group, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is February 5, 2015; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: June 13, 2019

Joel H. Peck, Clerk of the Commission