

W19000008305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

(Business Entity Name)

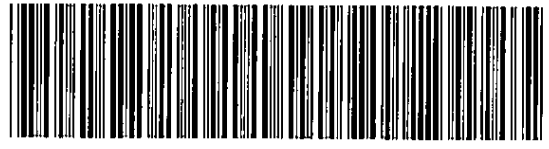
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W190000075445

Office Use Only



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08/05/19--01032--022 \*\*130.00

TALLAHASSEE, FLORIDA  
2019 AUG 26 PM 3:13

Y SCOTT  
AUG 27 2019





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 14, 2019

GRANT CARPENTER  
2800 OLYMPIC BLVD.  
FL 1  
SANTA MONICA, CA 90404

SUBJECT: TEAMXYZ LLC  
Ref. Number: W19000075445

We have received your document for TEAMXYZ LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 219A00016811

RECEIVED

AUG 26 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Team.XYZ 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:

Grant Carpenter

\_\_\_\_\_  
Name of Person

Team.XYZ LLC

\_\_\_\_\_  
Firm/Company

2800 Olympic Blvd. FL 1

\_\_\_\_\_  
Address

Santa Monica, CA 90404

\_\_\_\_\_  
City/State and Zip Code

grant@team.xyz

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

For further information concerning this matter, please call:

Grant Carpenter

702

757-6555

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
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:

☐ \$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

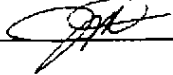
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

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.XYZ LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
Team Dot XYZ 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. California  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 47-4934979  
(FEI 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. 2800 Olympic Blvd  
(Street Address of Principal Office)  
1ST FLOOR  
Santa Monica, CA 90404
6. 2800 Olympic Blvd  
(Mailing Address)  
1ST FLOOR  
Santa Monica, CA 90404
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: PARACORP INCORPORATED  
Office Address: 155 OFFICE PLAZA DRIVE 1ST FLOOR  
TALLAHASSEE, Florida 32301  
(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.

 Jody Moua, Assistant Secretary  
(Registered agent's signature)


8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Grant Carpenter</u> <u>2800 Olympic Blvd, Suite 1</u> <u>Santa Monica, CA 90404</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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

Grant Carpenter, Manager

Typed or printed name of signee

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

ENTITY NAME: TEAM.XYZ LLC

FILE NUMBER: 201523610177  
FORMATION DATE: 08/20/2015  
TYPE: DOMESTIC LIMITED LIABILITY COMPANY  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

2019 AUG 26 PM 3:14  
TALLAHASSEE, FLORIDA

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 29, 2019.

ALEX PADILLA  
Secretary of State