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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 9, 2019

JENNIFER ARRUBLA  
420 S LAWRENCE BLVD  
KEYSTONE HEIGHTS, FL 32656

SUBJECT: T&T VENTURES LLC  
Ref. Number: W19000081772

We have received your document for T&T VENTURES LLC and your check(s) totaling \$125.00. 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.

The document number of the name conflict is L16000159150.

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.

Brooke N Kinsey  
Regulatory Specialist II

Letter Number: 219A00018504

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** T&T Ventures 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:

Jennifer T. Arrubla

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

Taylor Law Firm P.A.

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

420 S. Lawrence Blvd.

\_\_\_\_\_  
Address

Keystone Heights, Florida 32656

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

Jennifer@taylorlawfirm.com

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

For further information concerning this matter, please call:

Jennifer T. Arrubla

352

473-8088

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:

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 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. T&T Ventures LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

T&T Ventures of North Florida LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

2. Wyoming  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (EFT number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)  
(See sections 605.0902 & 605.0905, F.S. to determine penalty liability)

5. 1712 Pioneer Avenue  
(Street Address of Principal Office)

6. 1712 Pioneer Avenue  
(Mailing Address)

Suite 500

Suite 500

Cheyenne, WY 82001

Cheyenne, WY 82001

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

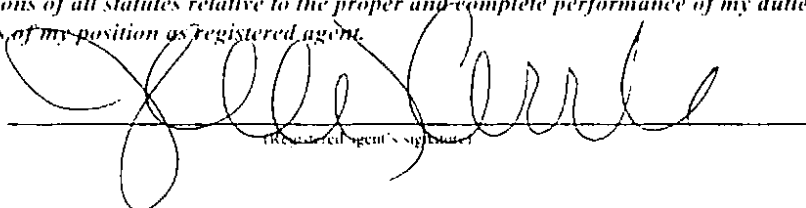
Name: Taylor Law Firm P.A.

Office Address: 420 S. Lawrence Blvd

Keystone Heights, Florida 32656  
(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)

2019 SEP 24 PM 4:21

<p><b><u>Title or Capacity:</u></b></p> <p><input checked="" type="checkbox"/> Manager      Name: <u>James S. Hill II</u></p> <p><input type="checkbox"/> Member      Address: <u>410 SW 140th Terrace</u></p> <p><input type="checkbox"/> Authorized      <u>Newberry, Florida 32669</u></p> <p>Person _____</p> <p><input type="checkbox"/> Other _____      <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Manager      Name: _____</p> <p><input type="checkbox"/> Member      Address: _____</p> <p><input type="checkbox"/> Authorized      _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____      <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Manager      Name: _____</p> <p><input type="checkbox"/> Member      Address: _____</p> <p><input type="checkbox"/> Authorized      _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____      <input type="checkbox"/> Other _____</p>	<p><b><u>Title or Capacity:</u></b></p> <p><input checked="" type="checkbox"/> Manager      Name: <u>Gina G. Uribe</u></p> <p><input type="checkbox"/> Member      Address: <u>410 SW 140th Terrace</u></p> <p><input type="checkbox"/> Authorized      <u>Newberry, Florida 32669</u></p> <p>Person _____</p> <p><input type="checkbox"/> Other _____      <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Manager      Name: _____</p> <p><input type="checkbox"/> Member      Address: _____</p> <p><input type="checkbox"/> Authorized      _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____      <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Manager      Name: _____</p> <p><input type="checkbox"/> Member      Address: _____</p> <p><input type="checkbox"/> Authorized      _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____      <input type="checkbox"/> Other _____</p>
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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.

  
\_\_\_\_\_  
Typed or printed name of signer

James S. Hill III

\_\_\_\_\_  
Typed or printed name of signer

**WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE  
STATE OF FLORIDA**

We, the undersigned, do hereby certify that I am the Authorized Person

of T&T Ventures LLC

(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

Wyoming

(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the  
requirements of the s. 605.0112, F.S., the limited liability company hereby adopts the  
following name to transact business in the state of Florida:

T&T Ventures of North Florida LLC

(Name to be used by limited liability company in Florida NOTE: Name must contain Limited Liability  
Company, L.L.C., or LLC)

  
\_\_\_\_\_  
Signature Authorized Person

9-17-19  
\_\_\_\_\_  
Date

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

**T&T Ventures LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **October 31, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000774553**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 26th day of August, 2019 at 6:57 PM. This certificate is assigned 032405522.



  
Secretary of State