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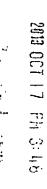
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### COVER LETTER

TO:		stration Section sion of Corporations			
annie.		TAMI GERLACH PHOTOGRAPHY, LLC			
SOBJE	CI;	Name of Limited Liability Company			
The enc Existence	losed ce, an	"Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of check are submitted to register the above referenced foreign limited liability company to transact business in Floridate.	of la.		
Please r	eturn	all correspondence concerning this matter to the following:			
		WADE BOYETTE, ESQ.			
	Name of Person				
BOYETTE, CUMMINS & NAILOS					
Firm/Company					
1635 E. HIGHWAY 50, STE. 300					
Address					
		CLERMONT, FL 34711			
		City/State and Zip Code			
TAMIG@TRADERCLONE.COM					
E-mail address: (to be used for future annual report notification)					
For fur	ther i	nformation concerning this matter, please call:			
CONTRIE CIDOCIT		NNIE GIBSON 352 394-2103			
		Name of Contact Person Area Code Daytime Telephone Number			
	Dir Re P.0	STREET ADDRESS: Division of Corporations gistration Section Display Box 6327 Box 632			
	Ple	closed is a check for the following amount: ase make check payable to: FLORIDA DEPARTMENT OF STATE  \$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 Filing Fee, 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: TAMI GERLACH PHOTOGRAPHY, L.C. (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.") **IOWA** (Jurisdiction under the law of which toreign limited liability company is organized) 5793 HENRY LOOP 5793 HENRY LOOP (Mailing Address) (Street Address of Principal Office) VILLAGES OF LINDEN ISLES, FL 32163 VILLAGES OF LINDEN ISLES, FL 32163 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) TAMI GERLACH Name: 5793 HENRY LOOP Office Address: VILLAGE OF LINDEN ISLES (City) 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.

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: TAMI GERLACH Manager Name: Manager 5793 HENRY LOOP Address: \_\_\_\_\_\_ Member VILLAGE OF LINDEN ISLES, FL 3211 Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ Other\_\_\_ Other\_\_\_\_ Name: Manager | Name: \_\_\_\_\_ Manager Address: Member | Member Address: \_\_\_\_\_ Authorized ☐ Authorized Person Person Other\_\_\_ Other\_\_\_\_ Other \_\_\_\_ Other Name: \_\_\_\_\_ Manager 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.

Typed or printed name of signee

## IOWA SECRETARY OF STATE PAUL D. PATE



#### CERTIFICATE OF EXISTENCE

Issue Date: 10/16/2019

Name: TAMI GERLACH PHOTOGRAPHY, LC (489DLC - 435143)

Date of Incorporation: 4/17/2012

**Duration: PERPETUAL** 

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: CS179751

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State