

4/22/2020

Division of Corporations

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Division of Corporations
Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H200001183573ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

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

Email Address: _____

RECEIVED

2020 APR 22 PM 4:55

**Foreign Limited Liability Company
TOR 2.0 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

APR 22 PM 4:55

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FILED

APR 23 2020

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Corporate Filing Menu

Help

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOR 2.0 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:

Robert Logan

.....
Name of Person

TOR 2.0 LLC

.....
Firm/Company

28570 Calabria Court, Unit 101

.....
Address

Naples, FL 34110

.....
City/State and Zip Code

alackey@pelican-capital.com

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

For further information concerning this matter, please call:

Amanda Lackey

239

908-0912

at (.....)

.....
Name of Contact Person

.....
Area Code

.....
Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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**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. TOR 2.0 LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

(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 "LLP")

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

3. _____
(EIN number, if applicable)

4. _____
(Name first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine jointly liable parties)

5. 10624 S Eastern Avenue
(Street Address of Principal Office)
Suite A-641
Henderson, NV 89052

6. 28570 Calabria Court
(Mailing Address)
Unit 101
Naples, FL 34110

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

Name: Robert Logan

Office Address: 3301 Bonita Beach Rd #206

Bonita Beach 34134
_____, Florida _____
(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)

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: Robert Logan	☐ Manager	Name: _____
☒ Member	Address: 28570 Calabria Court	☐ Member	Address: _____
☐ Authorized	Unit 101	☐ Authorized	_____
Person	Naples, FL 34110	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☒ Manager	Name: Amanda Lackey	☐ Manager	Name: _____
☐ Member	Address: 16227 Whitestone Drive	☐ Member	Address: _____
☐ Authorized	Parker, CO 80134	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: Seth Yudof	☐ Manager	Name: _____
☐ Member	Address: 10624 S Eastern Ave	☐ Member	Address: _____
☒ Authorized	Suite A-611	☐ Authorized	_____
Person	Henderson, NV 89052	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. 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 605.0205 (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

Robert Logan

 Typed or printed name of signer

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BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
*Deputy Secretary for
Commercial Recordings*

STATE OF NEVADA

OFFICE OF THE
SECRETARY OF STATE

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Commercial Recordings & Notary Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138
North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Amanda Lackey
28570 Calabria Court Unit 101
Naples, FL 34110, USA

Work Order #: W2020042101369
April 21, 2020
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 257122

Charges

Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Certificates	20200615065	4/21/2020 2:33:17 PM	Approved	1	\$50.00	\$50.00
Total						\$50.00

Payments

Type	Description	Payment Status	Amount
Credit Card	5875047842336460703094	Success	\$50.00
Total			\$50.00

Credit Balance: \$0.00

Amanda Lackey
28570 Calabria Court Unit 101
Naples, FL 34110, USA

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SECRETARY OF STATE

**CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING**

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **TOR 2.0 L.L.C.**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 08/17/2017, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/21/2020.

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20200421740082

You may verify this certificate
online at <http://www.nysos.gov>

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