# Macconda

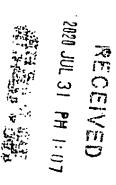
(Requestor's Name)			
· (A	ddress)		
(A	ddress)	<del> </del>	
(C	ity/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			

Office Use Only



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2020 JUL 31 PM 4: 42





# Sunshine State Corporate Compliance Company 3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 07/31/2020		<i>⇔WALK I</i> N*
ENTITY NAME TOT MAN	IAGEMENT, LLC	
LINTE WAS IL		TALL JUL
DOCUMENT NUMBER		3
	**PLEASE FILE THE ATTACHED AND RETURN**	PH 4: 42
XXXX	Plain Copy	D.5 P
	Certified Copy	
	Certificate of Status	
**PL	EASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTIT	TY**
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINATION	DN	
NUMBER OF CERTIFICATE	ES REQUESTED	
TOTAL OWED \$125.00	ACCOUNT #: I2016	0000072

Please call Tina at the above number for any issues or concerns. Thank you so much!

### COVER LETTER

TI SUBJECT:	DT MANAGEMENT LLC			
овик.т	Name of Limited Liability Company			
The enclosed "A Existence, and c	Application by Foreign Limited Liability theck are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.		
Please return all	correspondence concerning this matter t	to the following:		
		Name of Person		
		Firm/Company 25		
		Address PH L		
	C	Pirm/Company  Address  Address  City/State and Zip Code		
	F-mail address: (to be	e used for future annual report notification)		
For further info	rmation concerning this matter, please ca	at ( )		
	Name of Contact Person	Area Code Daytime Telephone Number		
	g Address: tration Section	Street Address: Registration Section		
	rision of Corporations Division of Corporations			
	30x 6327 nassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Please	ed is a check for the following amount: inake check payable to: FLORIDA DEF 5.00 Filing Fee	PARTMENT OF STATE		

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA.

	the second of the home to the second of the second of the	rida. The affernate name must include "Limi	ted Liability Company," "L.L.C," or "LLC")
Delaware 2.		applied for	- 2
(Jurisdiction under the law of w	nich foreign limited liability company is organized)	eFET	mamber, if applicable
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determin	giarnion ) c penalty liabdity)	
401 Market St., Suite 5.		6. (Vailing Address)	004
(Street Address of Principal Office)		(Mailing Address)	F. 52
Shreveport, LA 71101		Shreveport, LA 71101	
7. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)	1,
Name:	CT Corporation System		
Office Address;	1200 South Pine Island Rd	·	
	Plantation	33324 Florida	

#### 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.

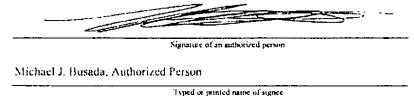
(Registered agent's signature)
Patricia A. Boverie, Assistant Secretary

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:	Title or Capacity:	Name and Address:
□Manager	Name: Malosi Company LLC	□Manager	Name: Michael J. Busada
■Member	Address: 401 Market St., Suite 1004	□Member	Address: 401 Market St., Suite 1004
□Authorized	Shreveport, LA 71101	Authorized	Shreveport, LA 71101
Person	<del></del>	Person	
□Other	Other	☐Other	DOINER C
			3
□Manager	Name:	□Manager	Name: The Tolland
□Member	Address:	□Member	Address
□ Authorized		□Authorized	ROLL 2
Person		Person	
□Other	[]Other	□Other	□Other
ElManager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□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. 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 605.0203 (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.



## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TDT MANAGEMENT LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE THIRTIETH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TDT MANAGEMENT LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JULY, A.D. 72020

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203374157

Date: 07-30-20