

M21000003215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

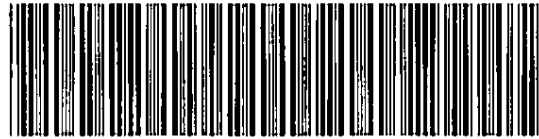
(Business Entity Name)

(Document Number)

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

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TO: Registration Section  
Division of Corporations

SUBJECT: TINUBU SQUARE B & A 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:

Stephan Grynwajc

Name of Person

Law Office of S. Grynwajc, PLLC

Firm/Company

P.O. Box 341

Address

New York/NY 10159

City/State and Zip Code

stephan@transatlantic-lawyer.com

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

For further information concerning this matter, please call:

Stephan Grynwajc

347

543-3035

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. TINUBU SQUARE B & A LLC

(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")

2. Delaware

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

3. 85-3965133

(FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)  
(See sections 605.0901 & 605.0903, F.S. to determine penalty liability)

5. 1319 Lake Drive

(Street Address of Principal Office)

6. 5703 Red Bug Lake Road

(Mailing Address)

Suite 208

Casselberry, FL 32707

Winter Springs, FL 32708

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

Name: Daniel T. Buckles

Office Address: 12715 Sawpit Road

Jacksonville

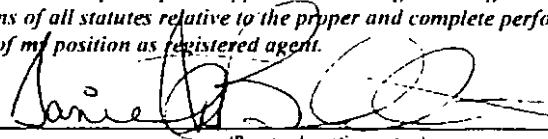
(City)

32226, Florida

(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)

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:**

☐ Manager Name: JEROME PEZE

☒ Member Address: 258 RIVERSIDE DRIVE

☐ Authorized APARTMENT 10D

Person New York, NY 10025

☐ Other Director / President ☒ Other

☐ Manager Name: OLIVIER LAROCHE

☐ Member Address: 18 RUE DE L'ECHUIER

☒ Authorized 75010 PARIS

Person FRANCE

☐ Other Treasurer ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: DANIEL THOMAS BUCKLES

☐ Member Address: 14286-19 BEACH BLVD STE

☒ Authorized 19-152 JACKSONVILLE

Person 32250-1568 FL

☐ Other D / Vice CEO ☐ Other

☐ Manager Name: CECILE RUMPLER

☐ Member Address: 40 RUE YVES LEGER

☒ Authorized 94600 CHOISY LE ROI

Person FRANCE

☐ Other Secretary ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

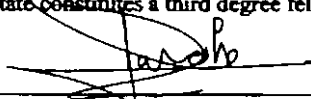
Person \_\_\_\_\_

☐ 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.

  
\_\_\_\_\_  
Signature of an authorized person

LAROCHE OLIVIER  
\_\_\_\_\_  
Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TINUBU SQUARE B & A 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 SEVENTH DAY OF DECEMBER, A.D. 2020.

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SR# 20208557729

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 204243964

Date: 12-07-20