

MA1000008840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

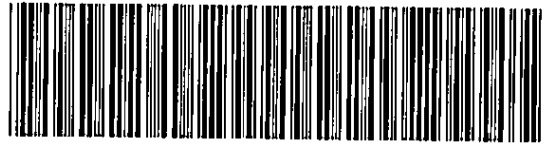
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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21 JUN 16 PM 12:10
CLERK OF STATE
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7/1/21
6/26/21

Thomas Corinti

From: You Rent <gunnproperties@icloud.com>
Sent: Friday, May 28, 2021 12:34 PM
To: Thomas Corinti
Subject: Nola Management LLC

Hi Tom,

Here is the information for the next payroll account we need to get set up. The company name is Nola Management LLC. It's actually a Wyoming LLC, not Florida. I searched online for the EIN for it since the paperwork is at my office and I'm not there. I was able to find a filing ID, but I didn't locate an EIN. I'm not sure if this is the number you need or not but the filing ID is 2021-001002890.

Let me know if there if that works or if there is anything else you need.

Thanks,

Michelle

Sent from my iPhone

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Nola Management 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:

Thomas P. Corinti

Name of Person

TNT Employer Solutions LLC

Firm/Company

9401 N Armenia Ave

Address

Tampa, FL 33614

City/State and Zip Code

tom.corinti@intemployersolutions.com

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

For further information concerning this matter, please call:

Thomas P Corinti

813

503-5287

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

**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. Nola Management 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. Wyoming 3. 86-3709495
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. June 14 2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 904 E Henry Ave Tampa, FL 33604 6. Same
(Street Address of Principal Office) (Mailing Address)

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

Name: Thomas P Corinti

Office Address: 9401 N Armenia Ave

Tampa, Florida 33612
(City) (Zip code)

FILED
21 JUN 16 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, 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.

Thomas P Corinti

(Registered agent's signature)

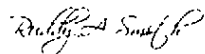
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Ruddy A Smith	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 14909 Palmetto Place	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Tampa, FL 33625	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Ruddy A Smith

Typed or printed name of signer



Secretary of State

Wyoming Secretary of State
Herschler Bldg East, Ste.100 & 101
Cheyenne, WY 82002-0020
Ph. 307-777-7311

For Office Use Only

WY Secretary of State
FILED: May 6 2021 12:17PM
Original ID: 2021-001002890

Limited Liability Company Articles of Organization

- I. The name of the limited liability company is:
Nola Management, LLC
- II. The name and physical address of the registered agent of the limited liability company is:
Universal Registered Agents, Inc.
1507 Lampman Ct
Cheyenne, WY 82007
- III. The mailing address of the limited liability company is:
14909 Palmcrest Place
Tampa, FL 33625
- IV. The principal office address of the limited liability company is:
14909 Palmcrest Place
Tampa, FL 33625
- V. The organizer of the limited liability company is:
Ruddy A. Smith
14909 Palmcrest Place, Tampa, FL 33625

Signature:

Ruddy A. Smith

Date: 05/06/2021

Print Name:

Ruddy A. Smith

Title:

Organizer

Email:

cw@theascentiagroup.com

Daytime Phone #:

(813) 448-6558



Wyoming Secretary of State
Herschler Bldg East, Ste.100 & 101

Cheyenne, WY 82002-0020
Ph. 307-777-7311

- ☒ I am the person whose signature appears on the filing; that I am authorized to file these documents on behalf of the business entity to which they pertain; and that the information I am submitting is true and correct to the best of my knowledge.
- ☒ I am filing in accordance with the provisions of the Wyoming Limited Liability Company Act, (W.S. 17-29-101 through 17-29-1105) and Registered Offices and Agents Act (W.S. 17-28-101 through 17-28-111).
- ☒ I understand that the information submitted electronically by me will be used to generate Articles of Organization that will be filed with the Wyoming Secretary of State.
- ☒ I intend and agree that the electronic submission of the information set forth herein constitutes my signature for this filing.
- ☒ I have conducted the appropriate name searches to ensure compliance with W.S. 17-16-401.

Notice Regarding False Filings: Filing a false document could result in criminal penalty and prosecution pursuant to W.S. 6-5-308.

W.S. 6-5-308. Penalty for filing false document.

(a) A person commits a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00), or both, if he files with the secretary of state and willfully or knowingly:

- (i) Falsifies, conceals or covers up by any trick, scheme or device a material fact;
- (ii) Makes any materially false, fictitious or fraudulent statement or representation; or
- (iii) Makes or uses any false writing or document knowing the same to contain any materially false, fictitious or fraudulent statement or entry.

- ☒ I acknowledge having read W.S. 6-5-308.

Filer is: ☒ An Individual ☐ An Organization

Filer Information:

By submitting this form I agree and accept this electronic filing as legal submission of my Articles of Organization.

Signature: Ruddy A. Smith
Print Name: Ruddy A. Smith
Title: Organizer
Email: cw@theascentlagroup.com
Daytime Phone #: (813) 448-6558

Date: 05/06/2021



Wyoming Secretary of State
Herschler Bldg East, Ste.100 & 101

Cheyenne, WY 82002-0020
Ph. 307-777-7311

Consent to Appointment by Registered Agent

Universal Registered Agents, Inc., whose registered office is located at **1507 Lampman Ct, Cheyenne, WY 82007**, voluntarily consented to serve as the registered agent for **Nola Management, LLC** and has certified they are in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

I have obtained a signed and dated statement by the registered agent in which they voluntarily consent to appointment for this entity.

Signature: **Ruddy A. Smith** Date: **05/06/2021**
Print Name: **Ruddy A. Smith**
Title: **Organizer**
Email: **cw@theascentlagroup.com**
Daytime Phone #: **(813) 448-6558**

STATE OF WYOMING
Office of the Secretary of State

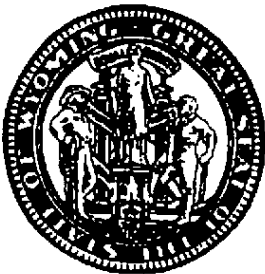
I, EDWARD A. BUCHANAN, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF ORGANIZATION

Nola Management, LLC

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **6th day of May, 2021 at 12:17 PM.**

Remainder intentionally left blank.



Filed Date: 05/06/2021

Edward A. Buchanan

Secretary of State

Filed Online By:

Ruddy A. Smith

on 05/06/2021