# M21100011944

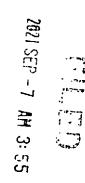
(Requestor's Name)				
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(Business Ent	ity Name)			
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### **COVER LETTER**

TO:		ration Section in of Corporations					
SUBJEC		tan Tech LLC					
SOBOLO		Name of Limited Liability Company					
The encl Existenc	osed "A e. and c	application by Foreign Limited Liability theck are submitted to register the above	Company for Authorization to Transact Business in Florida." referenced foreign limited liability company to transact busin	Certificates in Fl	ate of lorida.		
Please re	eturn all	correspondence concerning this matter	to the following:				
		Branden Boye					
		·····	Name of Person				
		Titan Tech LLC					
			Firm/Company				
		4546 Dakota Terrace					
		Address					
		North Port, FL 34286					
		City/State and Zip Code					
		titantech30@protonmail.com	· .	2821 SEP			
		E-mail address: (to b	oe used for future annual report notification)	0 1	, 4940 3 -es		
For furth	ner info	rmation concerning this matter, please ca	all:	l p	; .~		
	Brande	en S. Boye	715 587-1720	平 3:	, , , ,		
		Name of Contact Person	Area Code Daytime Telephone Number :	S) S)			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section ion of Corporations Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Please	ed is a check for the following amount: make check payable to: FLORIDA DE 5.00 Filing Fee  \$130.00 Filing Fe Certificate	ee & 🔲 \$155.00 Filing Fee & 🛢 \$160.00 Filing Fee, (				

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Tarix unavanable, effet witerfiole	name adopted for the purpose of transacting business in Fl			ty Company," "L.	l. C," or "l.l
Delaware		86-3978716 3.	(FEI number, i		
(Jurisdiction under the law of which foreign limited liability company is organized)		- · · · · · · · · · · · · · · · · · · ·	(applicable)		
<u></u> .	(Date first transacted business in Florida, if prior to (See sections 603 0904 & 605 0905, F.S. to determi	registration ) ne penalty liability)		_	
4546 Dakota Terrace		Same			
reet Address of Principal Office)		6. (Mailing A	Address)		
North Port, FL 34286					
-				<u> </u>	
					~2
					21 S
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)			£.
	Branden S. Boye				ù
Name:					7
	4546 Dakota Terrace			· :	AH 3:
Office Address:				;	$\frac{\Omega}{\Omega}$
	North Port	. Flor	34286		
	(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) 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:	Title or Capacity	<u> </u>	Name and Address:
■Manager	Name: Branden S. Boye	□Manager	Name:	
_ □Member	Address: 4546 Dakota Terrace	□Member	Address:	
□Authorized	North Port, FL 34286	□Authorized		
Person		Person		
□Other	Other	□Other		Other
■Manager	Name: Shauna M. Boye	□Manager	Name:	
□Member	Address: 4546 Dakota Terrace	□Member	Address:	
□Authorized	North Port, FL 34286	□Authorized		
Person		Person		<u> </u>
□Other	□Other	□Other	<del></del>	Other CO
□Manager	Name:	□Manager	Name:	· ; - ; -
□Member	Address:	□Member	Address:	<u> </u>
□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.

Signature of an authorized person

Branden S. Foye

Typed or printed name of signee

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TITAN TECH 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 TWENTY-FOURTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TITAN TECH LLC"

WAS FORMED ON THE EIGHTEENTH DAY OF MAY, A.D. 2021.

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

2821 SEP - 7 AM 3: 55



Authentication: 203527807

Date: 06-24-21

5925892 8300 SR# 20212542642

You may verify this certificate online at corp.delaware.gov/authver.shtml